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VOL. VI.

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THE CARE OF THE HUMAN MIND IS THE MOST NOBLE BRANCH OF  
MEDICINE.—GROTIUS.

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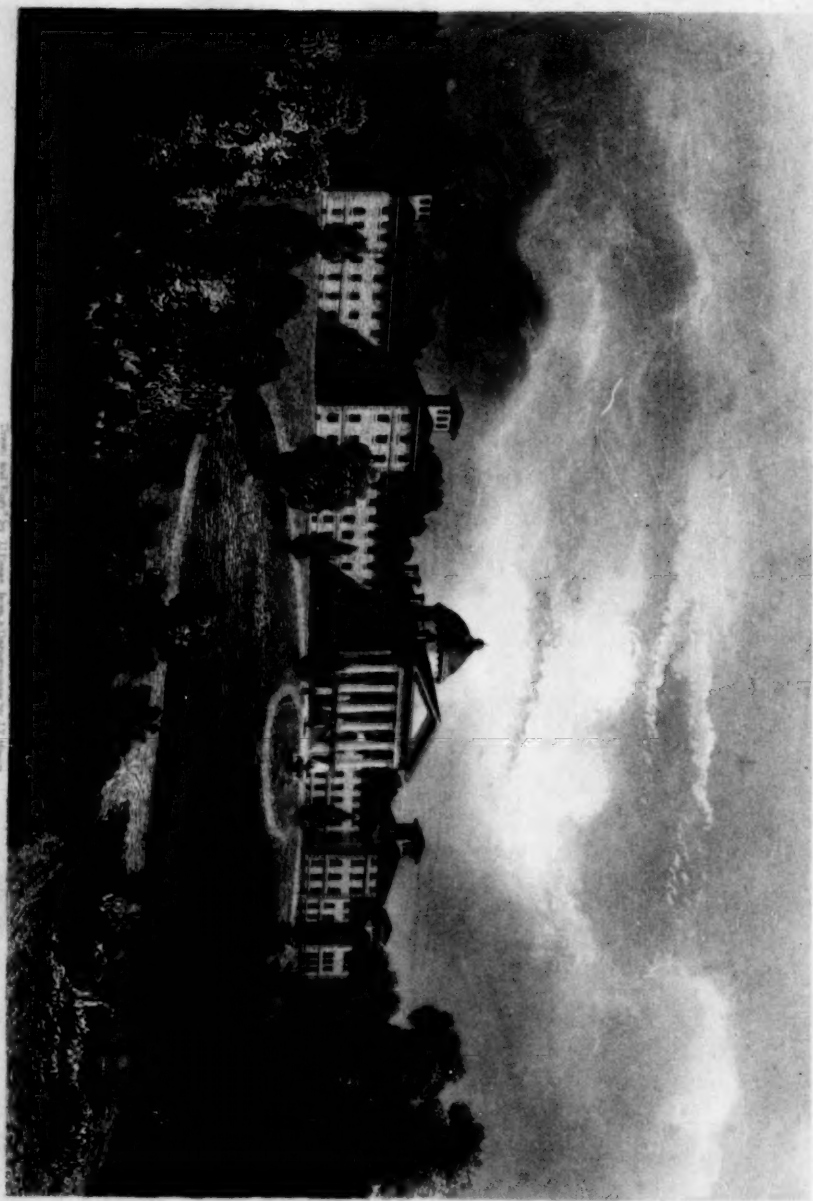
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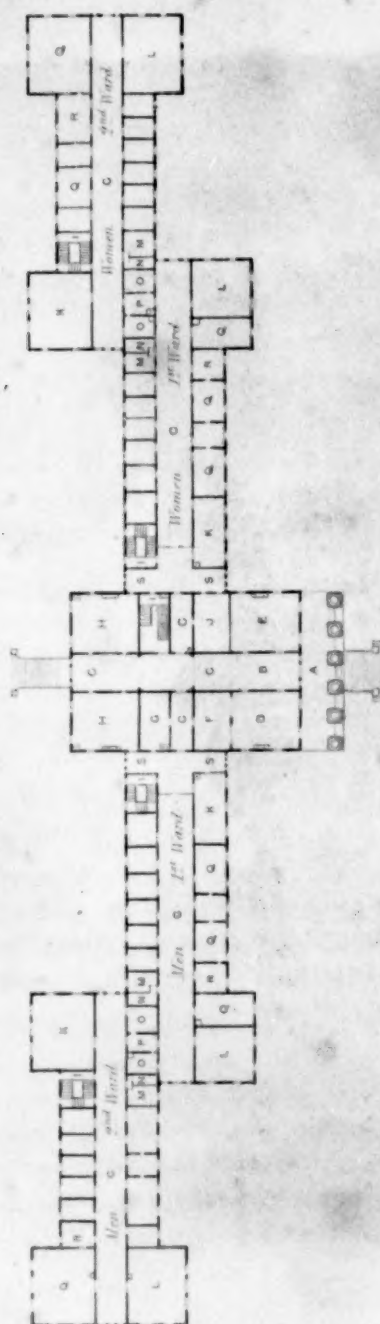
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PLAN OF THE PRINCIPAL STORY

STATE LUNATIC ASYLUM

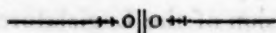
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AMERICAN  
JOURNAL OF INSANITY,  
FOR JULY, 1849.



ARTICLE I.

**Historical and Descriptive Account**  
OF THE  
**NEW JERSEY STATE LUNATIC ASYLUM,**  
AT TRENTON:

BY H. A. BUTTOLPH, M. D., SUPERINTENDENT.

**HISTORY.**—The attention of the public, and especially the medical public of New Jersey, was first directed to the wants of the insane and the necessity of providing a State Asylum for their treatment, by Dr. Lyndon A. Smith, of Newark; in an address before the State Medical Society, in 1837.

In 1839, a joint resolution passed the Legislature, authorizing Governor Pennington to appoint commissioners to collect information in regard to the number and condition of the insane in the state, and if an Asylum was deemed necessary, to ascertain the best locality for the same, the cost of its erection, &c.

The members of this commission were Drs. Lyndon

A. Smith, of Newark; Lewis Conduct, of Morristown; A. F. Taylor, of New Brunswick; C. G. McChesney, of Trenton; and L. Q. C. Elmer, Esq., of Cumberland County. After making diligent personal enquiries in relation to the subject committed to them, and visiting various institutions for the insane in other states, the committee reported the result of their observations to the Legislature, at the session of 1840-41. By this report, it appeared that there were at that time more than four hundred insane in the state, and that many of them were suffering for the want of appropriate treatment.

At the next session of the Legislature, the subject was referred to a joint committee who reported in favor of an appropriation for the erection of an Asylum, but no farther action was had in its favor.

In the year 1844, Miss D. L. Dix, of Massachusetts, visited the various receptacles for the insane poor of the state, and, in a memorial to the Legislature in 1845, urgently commended to that body, the subject of providing an asylum for their care and cure. Moved by the disinterested efforts and appeal of this distinguished and philanthropic lady, the Legislature appointed a joint committee which reported in favor of prompt action.

It also, the same year, appointed commissioners for selecting a suitable site, and appropriated the sum of ten thousand dollars to pay for the same, and twenty-five thousand towards the erection of the building.

The names of the commissioners were Daniel Haines, Thomas Arrowsmith, John S. Conduct, Joseph Saunders, and Maurice Beesley. After visiting various localities in the state, the commissioners determined on the one on which the building stands, which is about two and a half miles north-west of the city of Trenton, and near the Delaware river.



The tract on which the edifice is situated, consists of one hundred and eleven acres of excellent land for farming and gardening purposes,—has on it an unfailing spring of pure soft water, and in all respects, is well adapted to the wants of such an institution.

The landscape view from the house and grounds adjoining, is one of great beauty and attraction, combining as it does, the diversified and highly cultivated land scenery of the valley of the Delaware, with a view of the river for two and a half miles to the city of Trenton.

On one side, the farm is bounded by the feeder of the Delaware and Raritan canal, by means of which the heavy articles of freight, as coal, lumber, etc., are brought to a wharf on the premises.

During the summer of 1845, Eli F. Cooley, Calvin Howell, and Samuel Rush were appointed commissioners, by Governor Stratton, to contract for and superintend the erection of the building; and after visiting various institutions for the insane in other states, and examining many plans, adopted the draft of design by Dr. T. S. Kirkbride, of the "Pennsylvania Hospital for the Insane," from which a working plan was subsequently made by the architect, J. Notman; and which, with some modification of details, is represented by the accompanying engravings.

The asylum occupies a central position on the most elevated point of land belonging to it, and is directly in front of a beautiful grove of timber thirty acres in extent, through which passes a winding carriage road from the main highway to the house. By this arrangement, an agreeable entrance is furnished for public use, without any infringement of the private grounds, for patients of either sex, which are embraced within suitable encl-



tures, and consist of the lawn in front, the open ground adjoining either extremity of the building, and a portion of the grove in the rear. The grounds are to be arranged with walks, planted with trees, flowering and evergreen shrubs, etc., according to a tasteful design by A. J. Downing, landscape gardener; which design is represented in part by the engraving, and will be understood by reference to the foregoing view.

The land used for gardening purposes, is situated immediately adjoining the pleasure grounds for men, so that patients may readily pass from one to the other, according as they may desire light amusement in the grounds, or the more substantial exercise of labor in the garden.

**BUILDING.**—The building is constructed of reddish sand stone, laid in rouble and broken range work and pointed, with hammer dressed stone for base, corners, water-table, window-sills, and caps, and covered with a roof of slate, except the dome, which is of tin. An area four feet in width is formed of stone flagging around the base of the entire walls, for preventing the drip from the roofs and conductors, from injuring the foundation.

The edifice is placed two steps above ground, and the earth excavated beneath the entire structure to the depth of six feet; thereby preventing decay from dampness, and forming extensive air-chambers, from which the house is warmed, cellars for vegetables, a smith's forging and repairing shop, store rooms for fuel, etc.

The building is of the simplest style of architecture, and consists of a central portion and two ranges of lateral wings on either side. The centre is sixty feet wide, eighty-four deep, and four stories high including the basement. It is ornamented in front by a Tuscan

portico, supported by six columns, and surmounted by a dome.

The wings adjoining the centre are one hundred and twenty feet long by thirty nine wide, and three stories high including the basement. At the points where they overlap the second range, the two are eighty-four feet wide and four stories high.

The extended wings are one hundred and twenty-four feet long, with the same general height and width as the former, except at the terminating pavilions, where they are fifty-nine feet wide.

By the overlapping of the first and second ranges on either side, the total length is diminished sixty-eight feet. The wings are each surmounted by a campanile, open on all sides near the top, which aside from their use as ornamental appendages are valuable aids to the ventilation, by favoring the draught of foul air to those points.

A boldly projecting cornice surrounds the whole structure, and from its great size, adds much to the architectural effect. The well arranged advancing and receding disposition of the wings, the variety in height, and the fine proportion of the several masses of building, also contribute to the same object, and relieves it of the monotonous appearance, to which it would otherwise be subject from its great length, four hundred and eighty feet.

The interior of the building is finished in a plain, substantial manner, the floors being laid with yellow pine stuff, with counter floors beneath, and the walls plastered with "hard finish." The wood work of the principal stories of the centre are grained in imitation of oak and varnished, as are also many parts of the wings.

It is intended to describe the interior arrangements, in

a general way only, except in those points in which they are peculiar to this establishment, the design or use of the parts being sufficiently explained by the accompanying plan, and table of reference thereto.

**FORM.**—On the subject of the most advantageous form of building for the insane, there is still some diversity of opinion among practical men, both in our own country and in Europe.

The Radiated, the  $\Xi$  form, the Quadrangular, and the Lineal, have each their peculiar excellencies, but associated with some defects. The last two mentioned, are the forms more generally adopted in this country. By reference to the plan, it will be observed that a modification of the Lineal form is the one adopted in this institution,—the second range of wings falling back from the line of the first, and then continued in the same direction.

By this arrangement, the perfect separation of the sexes is accomplished; the noisy are removed a sufficient distance from the centre; the lighting and natural ventilation of the whole house is made perfect, and the facilities for classification, general inspection by the officers and attendants, and communication between the wings and chapel, reception rooms, and other parts of the centre building, are all that are required.

From a building of this form, also the principal landscape view is visible to patients in all parts of the house, which is not the case to the same extent, in the other forms mentioned. The house will accommodate two hundred patients, and is arranged for seven classes of each sex,—the seventh being made by a division of the lower ward of the extended wings.

Each of the general divisions or wards being supplied

with all the fixtures necessary to render them independent of others.

The wards for quiet patients consist of a corridor or hall, twelve feet wide, well lighted by windows at each end opening from the ceiling to the floor, a common parlor, dining room, dumb-waiter, speaking tube and bell, single bed rooms, one or more associated dormitories, accommodating from two to eight beds, and adjoining which, with inspection windows between, are the attendants rooms; a bath and sink room, water closet, clothes room, in which is also a soiled clothes funnel. The windows of the wings consist of two sash each, the upper being of cast iron and fixed, the lower of wood, suspended by weights, and protected externally by a light ornamental guard of wrought iron,—the size of glass is six by fifteen inches.

The bed rooms are situated on both sides of the corridors, an arrangement which is not found objectionable, when the latter are of moderate length, well lighted at the extremities, and when each division is supplied with a common parlor or sitting room, commanding a view of the external scenery.

In the excited wards, the halls or alcoves therein are used in place of sitting rooms, and a common dining room for all the patients in the sixth and seventh wards who are able to take their food at the table. The rooms for the violent are fitted with inside window shutters of wire or wood, hinged and locked, and an extra door in lattice form. A portion of the rooms for this class of either sex, also open upon a cross hall and are fitted with closets supplied with water from the hall side, and having drainage, and those for men, lined with yellow pine boards, grooved and matched, and which with the floors, are finished with a coating of boiled oil. These latter rooms in respect to finish, have giv-

en entire satisfaction, being strong, easily kept clean, and not liable to receive injury, as are those finished with plaster or cement. It is anticipated that an extension of the accommodations for this class will be required when the house is full, and which can readily be effected by the erection of lodge buildings near the extremities of the present edifice, and connected with it by a covered way.

The triple windows at the ends of the halls for the excited classes, embracing the fifth, sixth, and seventh of each sex, are protected by open partitions formed of iron rods and wood, and placed across the hall a few feet from the windows. By this means, these divisions have the full benefit of the light and air without any exposure of the glass. The spaces can also be made ornamental appendages to the hall, by being used for stands of flowering plants, birds in cages, etc.

The wards for quiet and convalescent patients of both wings open directly into pleasure grounds which consist as before mentioned, of a number of acres for each sex, and admit of farther sub-division if found necessary. The airing courts for the excited classes, are embraced within the general pleasure ground, and so situated in the rear of the associated dormitories and attendants' rooms of the extended wings, that they are not overlooked from the building during the day, by the convalescent class above. They are large yards, entered directly from the cross halls of the seventh wards, and have the benefit of sun in one extremity, and the shade of large forest trees in the other.

The advantages to the inmates of easily accessible, large and attractive pleasure grounds, can scarcely be conceived by persons not familiar from experience, with the effect of the necessary restraints of such an institu-



tion. The healthful influence of daily exercise in the open air, is no less conspicuous in its invigorating effects on delicate and deranged bodily functions, than in its tranquilizing or cheering influence upon mind and feelings, morbidly excited, perverted, or depressed. Again, the cheerfulness and contentment resulting from variety of scene, occupation and amusement during the day, strongly contributes to secure quiet and refreshing sleep at night, a thing of the utmost importance in the treatment of "minds diseased."

**FIXTURES.**—A larger expenditure has been made in preparing the various fixtures of the building than is usual in completing institutions of this kind. It was however, thought desirable to adopt modern improvements of established utility, and believed that in the use, they would prove more economical than those of less perfect and durable construction.

The account of fixtures which follows was taken in part, from the first annual report of the superintendent of the institution and it is hoped may prove interesting, especially to those engaged in supplying this class of conveniencies to similar establishments.

**WARMING AND VENTILATION.**—The warming and ventilation of buildings of this kind are subjects of primary importance,—indeed the comfort and health of the inmates is so dependent on the temperature and purity of the air, that no economical or other consideration should be allowed to interpose obstacles to the best plans. Hence, the general system of warming and ventilation should be anticipated by the architect, and provision made for carrying them out in commencing the foundation walls, which was the case in regard to this building, and although the details of the plan of warming by steam was not fully anticipated, and some of the con-

templated details of a forced ventilation have since been modified, yet, by the aid of the warming apparatus and the architectural and other arrangements provided, these objects have been secured to a degree highly satisfactory.

The warming is effected by steam generated by four tubular boilers, each three and a half feet in diameter, and sixteen feet long; placed in the ground story of the centre building, two on either side; the steam circulating through double ranges of wrought iron pipe placed on either side of the air chambers beneath the corridors of the wings. These chambers are seven feet high, twelve feet wide and correspond in length to the two ranges of wings on either side of the centre building,—the latter, being warmed from separate chambers under the centre hall. On one side of the chambers, the steam is sent through two ranges of nine pipes each, one being three-fourths of an inch, and the other one inch in diameter, supported by cast iron brackets bolted to uprights of the same metal, and laid in a declining posture from the boilers to the extreme ends of the wings, so that the water resulting from the condensation of steam flows to those points, and is again returned to the boilers by a pipe one inch and a half in diameter, and placed beneath the ranges for steam—the connection of the latter being with the bottom of the boilers.

In mild weather sufficient heat is produced by the circulation of steam and water from and to the boilers, but in severe weather, a portion of the condensed water is allowed to escape in the waste, that a more active circulation of steam may be secured.

On the opposite side of the chambers, the steam passes directly from the boilers through single pipes two inches in diameter to their extremities, and is thus delivered



hot at those points ; from whence it is again returned to the boilers, through similar ranges as those first described. An extra tier of brackets is placed to support a third range of pipe if needed. The only change in the arrangement of the heating surface suggested by the experience of the past year, is to equalize the heat more fully, by sending steam directly to the extreme ends of the chambers, on both sides—the extra heat from the boilers, being found to give the advantage in warming, to the wings adjoining the centre. Midway in the length of each wing are placed expansion boxes in all the steam pipes, to allow of their variation in length, in heating and cooling. Each range of pipe is also fitted with stop valves, so that steam may be admitted to circulate through one or more according to the effect required by the external temperature.

The arrangement for warming the centre is similar to that for the wings, three tiers of pipe being used in each of the two chambers, which are about three feet wide, and eighteen feet long.

The two sets of boilers are united by a connecting pipe, so that either of the four may be in or out of use, as required. The steam is used at a low pressure, usually about twenty five pounds to the inch, and the boilers supplied with water from the tanks in the dome, by its own gravity.

The small wrought iron pipe is used in place of large cast iron, for the purpose of economizing steam by presenting a larger heating surface, and also, from the fact that the fixed and moveable joints are made and repaired with greater facility in the former than in the latter. In severe weather the two boilers consume from two to three tons of coal per day, and are attended by one fireman whose only qualifications are those of an intelligent

laborer. Besides warming the building throughout, they furnish steam for heating all the water required for bathing and other purposes in the wings, and for cooking vegetables, etc., in the kitchen.

The air chambers are supplied with cold air through openings in the side walls near the ground, and the warm air allowed to escape from the top through flues nine inches square in the same walls, to the corridors and rooms above; a separate flue being used for each story, and a valvular register placed at the outlet, which is generally near the floor, for regulating the degree of heat or quantity of warm air. The temperature of the air near the top of the chamber varies from  $120^{\circ}$  to  $140^{\circ}$  of Fahrenheit, and when admitted to the wards above, is of a mild, bland character, nearly approximating the sensible qualities of summer air, and producing none of the irritating and oppressive effects of furnace heat, upon the lungs and brain. The arrangement for admitting it at many points, by about two hundred openings with register serves to equalize the temperature more perfectly than can be done by other modes. The parlors, dining rooms and a portion of the bed rooms, are warmed by registers opening into them, the others are warmed in the usual way from the halls, by the passage of warm air through an opening over the door of each room.

The ventilation is effected by means of openings from near the top of each room into other flues of the mean size as those for the transmission of heat. These terminate in horizontal tanks in the attics that lead to the upright foul air shafts, situated beneath the campaniles, where the air is discharged. The upright shafts are constructed of brick, two feet square in the clear, and heated by the passage through them of steam pipes on their way to and from the hot water tanks; the steam

serving the double purpose of assisting the ventilation and heating water for bathing and other purposes in the wings. This plan of assisting the ventilation by heat from steam pipes, does not differ in principle from one of the original designs, which contemplated an upward forced ventilation by the aid of fires either at the bottom or top of the perpendicular shafts. In connection with the mode of warming adopted, the plan of ventilation in use, is more convenient, more secure against accidents from fire, more economical and perhaps quite as effective, as the former design.

**LIGHTING.**—The house is lighted throughout by means of gas made from oil, and presents a very cheerful aspect at night. The fixtures connected with the manufacture of gas, are situated in the grove two hundred and fifty feet from the rear of the centre building, and consist of a stone structure one story high, which contains the generating apparatus, a gasometer made to contain thirteen hundred cubic feet, beneath which is a well, lined with brick, laid in cement and plastered with the same material. Over the well is erected an open ornamental structure of wood for suspending the gasometer. Our gas is made according to Crutchett's method, which consists mainly in the admixture of a certain portion of atmospheric air. It burns with a pure white flame, and is free from odor and smoke during combustion.

The advantage of gas light over other methods, are, greater security against fire, a thing of the utmost importance in a building of this kind,—convenience and cleanliness in use, greater perfection of light, and lastly, of economy, when the degree of light furnished, is taken into account.

In the principal rooms and halls of the centre building, are ornamental bronzed pendants, with double, triple,

or quadruple lights, with the addition of bracket lights, where required. In each of the halls of the wings, are three plain bronzed double pendants, with swing joints near the ceiling, for turning them up if necessary,—in the sitting and dining rooms, are also one double pendant of the same description, and in the attendants' rooms, associated dormitories, bath and clothes rooms, stairways, cross passages, and a portion of the bed rooms, are single plain brackets or pendant lights. The burners are of the bat-wing form, and are three hundred in number. Of course only a portion of this number are in use at one time. The consumption of gas per night, averaging the year, is about four hundred cubic feet.

**BATHS.**—There are seventeen bath tubs in the house, made of cast iron, painted within, placed on a low platform, encased in wood, and fitted to admit of both supply and waste through one opening in the bottom. This mode of supply prevents the escape of steam into the room, and is not attended with the usual danger of scalding, if hot water is drawn while a person is bathing. The supply and waste valves are enclosed and locked at the foot of the tubs, and only accessible to the attendants.

In each bath room is a wash hand sink of cast iron, also painted within and encased, and having two fixed bowls of enameled iron in the bottom, each bowl as well as a depressed end of the sink, being supplied with cold and hot water. The bowls are fitted with brass strainers, and the waste pipes leading from them, controlled by valve rods on the back of the sink.

**WATER CLOSETS.**—The water closets are in adjoining rooms to the bath and sink rooms. They are made in the funnel or hopper form of cast iron, enamelled within, and supplied with water by the opening of the door,—the water being admitted to the closet behind a depend-

ing flange around the top, which gives it a circular and downward direction over the whole interior surface. The closets are elevated upon a platform ten inches high to admit the trap to be placed on the floor of the room, by which means they are made accessible for cleansing and repairs, in case of obstruction or breakage. The traps are made of strong lead, in the D form, having cleansing valves on the top, and through them pass all the waste water from the baths and sinks, which contributes much to secure perfect cleanliness. The quantity of water furnished by opening the closet room door, is regulated by a stop cock in the supply pipe, and the drainage from closets in different stories, effected by their uniting in the usual way, with an upright waste pipe of lead, which discharges into the general sewer below.

**SUPPLY OF WATER.**—The house is supplied with water from the spring on the premises, and is good for all purposes. It is raised by two forcing pumps, one being driven by the surplus water of the spring, the other by steam power, and is capable of raising three thousand gallons per hour. The water is deposited in four wrought iron tanks in the dome of the centre building, which together hold five thousand gallons. The pumps and apparatus for driving them, are enclosed within a suitable building near the spring. From the tanks water is supplied to all parts of the main building, the wash and gas houses, and to a fountain in front of the portico not yet completed. In the attics of the wings at the points where they overlap, are placed single tanks of wrought iron, holding about five hundred gallons each,—they are supplied from those in the centre, and to them is sent steam for heating the water for bathing and other purposes. Wrought iron pipe is used in all cases for conducting steam, water and gas, and for these purposes there are



more than five miles of it in length. It is much cheaper than copper or even strong lead, and is not liable to constant bursting as is the latter metal, when used under high pressure. In case of obstruction, when used for waste pipes, it is easily cleansed, the union of lengths being made by coupling screws and where danger is apprehended, by the addition of a running socket.

**KITCHENS.**—The two rear rooms in the basement of the centre are used as kitchens, and contain the apparatus for cooking. In one is a small range and other appropriate fixtures for cooking for the resident officers and their families, and communicates with a private dining room in the second story, by bell, speaking tube and dumb waiter. In the other, the cooking is done for the wings, and is furnished with a cooking range eleven and a half feet long, having two fires, three large ovens and many other conveniencies.

Behind this range in its whole extent, is a wrought iron boiler twelve inches in diameter, supplied with cold water from the tanks, and receiving the surplus heat of the range. This boiler furnishes hot water for nearly all purposes in the kitchens, and from it hot water is drawn in each story of the centre building above, the hot water pipe finally discharging into one of the tanks, through its open extremity. By the latter provision, the boiler and pipes are saved from the severe pressure that may arise from the expansion of the water in heating, or from the formation of steam, which occasionally occurs.

Behind the range in each room is also a hot air chamber, from which the reception rooms for patients and the chapel are principally warmed in winter, the warm air being discharged into smoke flues of the chimneys, in the summer. Between the principal

kitchens and the dining rooms of the wards, and between various other apartments are bells and speaking tubes, which greatly facilitates the transmission of intelligence.

In a small room adjoining the principal kitchen is a steam closet, ten feet long, eight feet eight inches high, and two feet nine inches wide or deep. The frame work is of cast, and the back ends, and top, of wrought iron. It has one iron kettle supported on a bed plate, for boiling meats and making soup, and five tin steamers supported on a floor of cast bars, for cooking various kinds of vegetables,—the supply of steam to each vessel being regulated by stop valves. Beneath the kettle and steamers is placed a drip pan of sheet iron, declining to one end, and having a waste pipe discharging into the general sewer. The front of the closet is open except four upright fluted pilasters, which constitute a part of the frame work, and a horizontal facie with moulding cornice across the top. The closet is ventilated from the top, into a chimney with which two of the steam boilers are connected; the draught being so strong as to carry off entirely, the escape steam and odor in cooking. The whole is painted a dark stone color and varnished and is very easily kept in order. Although an expensive fixture in material and construction, yet from its perfect adaptation to the purpose intended, and its indestructible character, it is believed that it will prove economical in use.

Near the steam closet is a large iron sink supplied with cold and hot water, and having drainage, where the vegetables are washed and prepared for cooking.

The food is sent to the dining rooms of the wards by dumb-waiters, in close tin boxes, which protects it from dust and retains the heat.



The dumb-waiters are constructed to be served from the bottom or from each story above,—the danger of breakage and other accidents from their falling, being prevented by the working of a cog-wheel at right angles with the thread of an endless screw, which holds them at any point where they stop.

**BAKERY, ETC.**—In the basement story of the west wing adjoining the centre is the bakery, and in the corresponding part of the east wing are sewing and ironing rooms, which are reached from the wards by patients and others, by a private stairway. In the hall adjoining the sewing and ironing rooms, are a series of wardrobes for containing the ironed and repaired clothes from the laundry, which daily and weekly accumulate, and from from whence they are sent to the wards where they belong.

**DRAINAGE.**—The drainage of the building is effected through the medium of a cast iron pipe ten inches in diameter and about eleven hundred feet long. It is situated in the cellar of the centre building and wings adjoining, and receives the waste from all parts of the house, except the extreme end of the extended wing east, which is drained through a six inch iron pipe, into a separate reservoir. The large pipe is laid with lead joints, supported on piers above ground and has a descent of six feet in three hundred, while passing through the cellar. It finally discharges its soil into a reservoir forty by fifty feet in extent, five feet deep, lined with a stone wall, and so covered as to admit of free ventilation. By the aid of this deposite it is expected that a large quantity of compost will annually be made for enriching the garden and farm.

**LAUNDRY.**—The washing is done in a detached building on the premises, by which arrangement all offen-

sive odors connected therewith is removed from the main edifice. The fixtures are of approved construction, and consist of a small upright tubular boiler for heating water, fixed tubs for washing and boiling clothes, a drying press, the room having a stone floor with drainage into the general sewer, as it passes the house. In another apartment is a drying closet heated by steam pipes, and in the attic story, tanks for cold and hot water, which together hold about one thousand gallons. The building containing these arrangements is a farm house, which also accommodates the man and his wife in charge of the washing, besides containing rooms for storage and other purposes.

**ORGANIZATION.**—The government of the asylum is vested in a board of ten managers originally appointed by the Legislature, but whose places are to be supplied in future by the supreme court. Their term of service continues five years, and is performed gratuitously. To them is committed the general direction and control of all the property and concerns of the institution, not otherwise provided for by law. They are empowered to establish by-laws for regulating the appointment and duties of the resident officers, attendants, and assistants, and for fixing the conditions of admission, support, and discharge of patients,—they may also take and hold in trust for the state, any grant or devise of land or other donation, to be applied to the maintenance of insane persons, or the general use of the asylum. They appoint the superintendent and treasurer of the institution, and upon the nomination of the former, the assistant physicians, steward and matron; and with the approval of the Governor of the state, determine the annual salaries and allowances of the officers. They also visit the asylum by a committee of one member, weekly; of two, monthly; of a majority, quarterly; and of the whole, annually.

**SUPERINTENDENT.**—The superintendent is required to be a well educated physician, and is the chief executive officer of the asylum; he resides in the building, prescribes the medical and other treatment of the patients, has the general superintendence of the buildings, grounds and farm, together with their furniture, fixtures, and stock, and the direction and control of all persons therein, subject to the by-laws of the managers.

**TREASURER.**—The treasurer, under the direction of the managers, receives, holds, and disburses all moneys granted by the Legislature, or obtained from other sources, for the use of the asylum; and once in each year, or oftener, if required, exhibits an account of his receipts and expenditures, with the vouchers therefor, for the examination of the board.

**ASSISTANT PHYSICIAN.**—The assistant physician is the apothecary of the institution, and sees that all prescriptions are properly administered. He accompanies the superintendent in his regular morning visit to the wards of patients, and often sees the male patients at other times,—gives especial care to the excited and sick, assists to keep the record of cases, etc., and also performs the duties and is subject to the responsibilities of the superintendent in his sickness or absence.

**STEWARD.**—The steward, under direction of the superintendent, makes all purchases for the institution, attends to the business of the farm, garden and grounds, and also keeps and settles the accounts.

**MATRON.**—The matron, under the general direction of the superintendent, has the charge of the domestic concerns of the institution, and the more immediate care of the female patients. She devises occupation and amusements for the quiet and convalescent classes, and pays particular attention to the excited and sick. She in-

structs the female attendants and assistants in regard to the manner of performing their duties—accompanying the superintendent in his daily visit to the female wards, acquaints him of the circumstances and wants of each case, and also, with him, frequently visits the wards occupied by the men.

**COST OF BUILDING, ETC.**—The appropriations of money by the state for the purposes of the institution, amount to \$153,861 90, which includes the original cost of farm, the erection of the building, the various fixtures heretofore described, the furniture, stock for farm, grading and improving grounds, making fences, etc.; and which it is expected will nearly cover the expense of preparing the institution for the reception and care of two hundred patients. The annual salaries of the resident officers and treasurer, are paid by the state, and the current expenses of the institution, in part from the board of patients, public and private, and in part also, by appropriations from the state treasury.

**ADMISSION OF PATIENTS.**—The institution was primarily intended as a hospital and home for the poor and indigent insane. Yet, excellent provision has been made for the care and comfort of other classes, who may need its assistance, and seek admission to its wards. Until the building is filled, by the classes having preference by law, and at all times, when there are vacancies, private applicants will be received, and those from other states, on the same terms as citizens of New Jersey. The preliminary steps to the admission of private patients, are, a written request for admission by some friend, a certificate of insanity by two physicians under oath, and a bond for support, removal, &c.

**RESULTS OF FIRST YEAR.**—Of the one hundred and fourteen persons admitted during the first year, after

opening the institution: viz, from the 15th of May, 1848, to the 15th of May, 1849, twenty-four were discharged recovered, five improved, and three died, shewing a very gratifying measure of success in treatment—inducing the hope that still more favorable results may be obtained in future; and also, that the Asylum may long remain a monument of the enlightened christian benevolence of the age and state that gave it being.

MAY 16TH, 1849.

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REFERENCES TO PLAN.—A—Portico; B—Entrance Hall; C—Halls of Centre and Wards; D—Superintendent's Office; E—Manager's Room and Public Parlor; F—Apothecary Room and Steward's Office; G—Medical Stores; H—Reception Parlor for Patients; I—Stairs; J—Assistant Physician's Room; K—Dining Rooms; L—Parlors of Wards; M—Bath Rooms; N—Water Closets; O—Clothes Rooms; P—Passage between 1st and 2d Wards; Q—Associated Dormitories; R—Attendants' Rooms; S—Spaces for Light and Air; Blank Rooms, (Single Bed Rooms for Patients;) □ Foul Air Shafts; ▢ Dumb Waiters; ■ Chimneys.

The Centre Building is four stories high, including the basement. In the first story are the Steward's Apartments, Kitchens, Store Rooms, etc. In the second or principal story, the Public Offices, Parlors, &c. In the third are the Superintendent's Private Rooms and the Chapel; the latter being twenty-two by fifty-seven feet in the clear, and opening directly into the upper wards, for patients of either sex. The rooms in the fourth story are used as sleeping apartments.

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NOTE.—For much information relating to the preliminary movements in the state in favor of an Asylum, the author is indebted to a well written article in the "New Jersey Medical Reporter," for January, 1848, by the editor, JOSEPH PARRISH, M. D.



ARTICLE II.

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**The Statistics of Insane Hospitals.**

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BY I. RAY, M. D.,

*Superintendent of the Butler Hospital for the Insane,  
Providence, Rhode Island.*

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FEW PERSONS, I believe, who are practically acquainted with the subject, are quite satisfied with the present methods of reporting the results of management in hospitals for the insane, or are prepared to yield entire confidence in the general conclusions to which they lead. Certainly the wish has often been expressed that greater uniformity were observed in these methods, and that certain conditions and events connected with the subject, were more accurately defined. The evil in question has often been deplored by writers who have the strongest and most enlightened faith in the utility of this kind of statistics, and until it is remedied, our most carefully elaborated conclusions can challenge but little confidence, and we never can be sure, after all our pains, that we have made any positive advances in knowledge. General rules and principles that are fairly drawn from observations, have always been regarded as preëminently safe, and this strictly inductive method of inquiry is now universally considered as the most effectual means of arriving at the truth. It would seem as if results like these could not be otherwise than correct, because they are but the general expression of the facts themselves. It is this very

appearance of certainty which sometimes, as in the present case, blinds us to the actual fallacy, and we go on accumulating and hugging our treasures of knowledge as we fancy them, until we find at last that we have been ingeniously deceiving ourselves with an empty show, while the substance has completely escaped us.

Statistics has become a favorite instrument for developing truth, and is now applied to branches of inquiry which, a few years since, were scarcely supposed to be within its reach. That it was capable of eliciting physical truth with an extent and accuracy then not thought of, might not have been a wild supposition, but no one dreamed of seeing it used to elucidate the principles that govern the social position and moral conduct of man, his motives, impulses and propensities. It is important that an instrument of knowledge so widely and confidently used, should be thoroughly understood; its powers being judiciously estimated, and its application regulated by a suitable regard to the conditions of the case. It is a simple thing, no doubt, to add, and subtract, and divide columns of figures which a patient industry alone was needed to collect, and if statistics consisted only of these operations, it certainly would be a very easy affair. But statistics implies something more than a process in arithmetic. It is a profound, philosophical analysis of materials carefully and copiously collected, and chosen with an enlightened confidence in their fitness for the purpose in question. The large comprehension, the elevated conceptions, the masterly power of mathematical analysis, were not more essential to Newton in unfolding the law of gravitation, than the acute discrimination of his materials and the correct appreciation of their bearing upon the principle in view, were to Quetelet in developing the laws that regulate some important events of life and springs of hu-



man conduct. Such views, however, have not been prevalent, and hence has arisen the fact that thus far, statistics, with all its show of accuracy, has been, comparatively speaking, singularly barren of results. It would be difficult to mention any great principle of physical or moral science, as having been established chiefly by statistical inquiries. A volume would not hold the instances in which they have failed of success, though undertaken with every promise thereof, but I will mention only one, of recent origin, and well known to us all.

The taking of the Census in 1840 was deemed by our government a favorable opportunity for collecting a mass of useful information of a scientific, moral, social and economical character. The preliminary steps were judiciously taken, the information sought for was highly desirable, and the result appeared in the shape of a portly folio volume. To a stranger it presented peculiar claims to his confidence. It was projected by an enlightened government, supported by liberal appropriations, and received the approval of some distinguished names. If statistical inquiries were ever worth anything, they certainly seemed to be in this instance. To us who had a nearer view of the undertaking, it was seen to comprise a large mass of heterogeneous details entrusted to a multitude of individuals few of whom could comprehend their nature, or had the requisite skill for assorting and classifying their materials, and printed with an unparalleled carelessness that increased ten-fold the original blunders. And yet with all its pretension, the United States Census for 1840, can be received as reliable authority for no single fact whatever.

It is a common saying that figures will not lie, but it is very certain that in the hands of the ignorant, the care-

less, the indiscriminating, they may become most potent instruments of falsehood. The historian, the chemist, the naturalist, all require unexceptionable authority for the facts that claim their belief, and never hesitate to subject them to a rigid scrutiny. It is probably because statistical facts have met with too easy a faith, that conclusions drawn from them have so often been swept away by the subsequent progress of knowledge. To those accustomed to the close and careful examination of facts that characterises other departments of natural science, it is inconceivable what slender materials have served as the foundation of very important deductions in this we are now considering. On the faith of the Census of 1840, it was proclaimed to the world with no ordinary emphasis, that the free colored population is more liable to insanity than the white, and the fact thus inferred was exultingly held up by one of our most distinguished statesmen, as a signal blessing of slavery. The Census has gone to every great library in Europe, but without the exposure of its errors, and in many a future work, no doubt, will be found the record of this stupendous lie. A few years since the world was inclined to yield us the credit of extraordinary success in the cure of insanity, because in a certain institution in our country, the number of recoveries in recent cases had amounted to 91½ per cent of the discharges. It was not made known that this result was founded on the experience of one year in twenty three cases only.

The results of experience in hospitals for the insane have been annually published with some minuteness of detail, both because the community is desirous of seeing how far its institutions have met their destined purpose, and because their physicians are actuated by the laudable desire to present the result of observations which their position has enabled them to make upon a much

larger scale than they possibly could in a private capacity. All this is well, and I doubt not much valuable information has been elicited. I trust, however, I may be permitted to doubt, without giving offence, whether the amount of information is at all commensurate to the real labor involved, and the ostensible accuracy of the facts and deductions. If such is the case, the subject is deserving of the most serious consideration, in order that its causes may be ascertained and removed, and our future inquiries be prosecuted in a more profitable direction. In this stage of the discussion it will be sufficient to say that to make our statistics profitable, they should embrace such facts only as are intrinsically important, and free from all admixture with mere opinion. Bearing in mind these tests, we shall be better prepared to measure the real value of the statistics usually contained in the reports of our asylums. Of course the limits of a paper like this must confine our attention to the most prominent points.

No subject connected with insanity possesses so deep and general an interest as its curability, and this fact has lead to the universal practice among asylums of reporting the number of their recoveries. The result is supposed, by implication at least, to be a fair measure of the professional skill and other curative influences with which the disease has been combated, and to indicate with more or less exactness, the general curability of the disease. The question then is whether these inferences are fairly deducible from the premises. It is admitted that there are various circumstances that affect the results of every large establishment, having no necessary connexion with them. To leave these entirely out of view would be taking the first step to unlimited error and confusion, while to estimate exactly their respective influence upon the results, would be beyond the reach of

human penetration. The manner in which they balance and counteract one another, so as to embarrass all our conclusions, will be sufficiently apparent in the course of this discussion.

The number of recoveries will be affected by the physical constitution of the patients. The more robust and vigorous they are, the more readily will they recover. In rural districts there is a higher condition of health than in the manufacturing and commercial, and this fact, so far as it goes, gives to the asylums of the former an advantage over those of the latter, in respect to the number of recoveries. Again, the comparative sparseness of the population in the former, and the greater difficulty of gaining access to the asylum, will delay the admission of many, and thus protract, if not altogether prevent their recovery. The smaller pecuniary ability of people in the country as compared with those of the city, will also lead to premature removals, and consequently so far, to a smaller number of recoveries. On the other hand, asylums on our sea-board which receive large numbers of foreigners worn down by hardships and exposure, many of them sent from home it may be, because of their liability to insanity, have, in this circumstance, a drawback scarcely known to those of the rural districts. Circumstances like these—and the list might be greatly extended—cannot be expressed in any statistical form; they can only be stated in general terms, and we can obtain only a general impression of their influence upon the result. They do not affect the facts, but only prevent us from drawing from them certain conclusions which, at first sight, they might seem to warrant. There is a very serious objection, however, lying against the facts themselves.

Statistics can be properly applied only to incidents

and events that have an objective existence, for such only are cognizable to all men and admit of neither doubt nor mistake. Just so far as they have a subjective relation to the mind—are merely matters of opinion—to that degree they are incapable of being statistically expressed. Thus the event of recovery, limited solely to its objective character, only amounts to a certain degree of improvement. Whether the change is a real cure of disease, or a state where diseased manifestations are absent merely from want of a suitable opportunity for displaying them, or a temporary intermission of disease governed by that law of periodicity to which nervous affections are closely subjected,—these are questions which every individual will answer by the aid of his own experience and judgment, and consequently with all that diversity which is utterly incompatible with statistical accuracy. I presume I am uttering no scandal when I say, that the cases are not few which one man would pronounce to be *recoveries*, while another of less sanguine temper, or more knowledge of insanity, would regard them as merely *improvements*. I presume too, we are all and each of us, often in doubt respecting the condition of patients discharged from our care, and hesitate long before we decide under what head of our general results, they shall be placed. And when we finally make up our mind, is it with that degree of confidence that would embolden us to deny that any body else could possibly arrive at a different conclusion? What then becomes of the value of such a conclusion considered as a statistical fact?

It is obvious therefore that the question must first be answered, what degree of restoration can be rightfully called *recovery*. Of course every one answers it for himself as he best can, but statistical accuracy requires that all should answer it alike. It is one of the laws of ner-



vous disease, that it may be suspended or checked for a period indefinitely varying in length, and then, after intervals measured by weeks, or months, or years, renewed in all its original severity. The intervals may or may not recur with the utmost regularity. They may continue for many months, or appear to be merely a transition-state marking the passage of the mind from one paroxysm to another. The restoration may be apparently perfect, or marked by many a trace of disease. Now in regard to extreme cases there will be no diversity of opinion. An interval in which the mind presents its normal condition, and extends over a period of years, no one would hesitate to call a recovery, while only a week or two of calm would be universally regarded as not entitled to the name. But it is clear that some conventional rule is necessary for determining among the various intermediate forms and degrees of restoration, what should be reported as recoveries. Now admitting that such a rule might be made, for I would not prescribe limits to human ingenuity and acuteness, there is a more serious difficulty remaining, that of recognizing the condition or event to which the rule is to be applied. Here would arise a diversity of views springing from diversity of temperament, education and experience, and no one could be sure that his decision in any particular case is just what others would adopt were it submitted to them. For instance, we might agree to call a lucid interval which continues six months or upward, a recovery, but upon the main point, whether a lucid interval has really occurred, how are we to prevent conflicting opinions? The fact is, however, that in the present statistics of recovery, no conventional rule whatever, has been followed. Every individual has decided what should and what should not be called recoveries, just as it seemed good in his own sight.



I do not see how the usual answer to these objections, that they apply to but a very small proportion of cases, can satisfy any one having a practical acquaintance with the subject. How can we deny the fact that of the patients discharged from our hospitals, there is always a considerable number whose proper place in our annual summary of results is a matter of much doubt. It is not one of those trifling fractions that can have no perceptible effect, but large enough to destroy that kind of precision and certainty which we expect in statistical reports.

In order that the proportion of recoveries may better represent the relative success of different institutions, it has been a very common practice to divide them into two classes, the old and recent, it being implied that the curability of the disease is chiefly determined by its duration before admission. Certainly this distinction would have the effect in question, were it practicable, but no one, I presume, would deny that in a large number of cases, we are unable to decide satisfactorily to ourselves whether the disease has or has not commenced within the period allotted to recent cases. The earliest aberrations of the disordered mind differ so little from its ordinary movements, that they are readily confounded by the careless or unskillful observer. And even when the attention is awakened and apprehensions excited, some psychological knowledge is required to prevent one from mistaking morbid for healthy manifestations. Of the persons on whom we have to depend for all our information respecting the origin of the diseases in the cases that come under our charge, very few possess this knowledge, or have observed the cases very closely. To regard the narratives we usually receive with our patients, as sufficient authority for a scientific fact, would almost indicate insanity in ourselves. Not that they are invariably false and unreliable, but because we are gener-

ally without the means of knowing when they are and when they are not so. We all know, undoubtedly, how seldom the account we first receive of a patient is entirely confirmed by those we subsequently obtain, and how often, in consequence, we are obliged to modify our first decision. But even with the completest history of the case, it is not always easy to say when the disease actually began. For months or even years before the first decided and obvious manifestations of disease, the patient may have evinced something unusual in his conduct or conversation, although engaged in his customary duties, and by the world at large regarded as in the full possession of his reason. In some cases the morbid peculiarities may be sufficiently developed to attract the attention of the world, but, not interfering with the performance of the ordinary duties of life, they are looked upon as a part of the natural character, and take the name of insanity only when accompanied by an extra degree of excitement and violence. In cases like these who will take upon himself to indicate the precise point when disease began? Who will presume to enter that debatable land which lies between the realms of eccentricity and insanity, and assign to each its respective share of the peculiar manifestations?

The large class of periodical and paroxysmal cases present insuperable difficulties to every attempt to bring them under any general rule. The question of their origin is complicated with that of their recovery, and we are under the same kind of embarrassment in deciding upon the former, that we experience with regard to the latter. If we are to regard every fresh attack that has been preceded by a distinctly marked lucid interval of considerable duration, as a recent case, can we adopt any rule that will prevent us from bringing within the same category those cases in which the interval is scarce-

ly more than a brief remission of the disease? A single instance will be sufficient to illustrate the difficulty. A person is subject to paroxysms, of high excitement when he is destitute of all self-control, and for the sake of decency and safety, must be kept in close confinement. In this condition he is placed in a hospital where the excitement passes off, and he is discharged. He returns home, engages in his customary pursuits, and for all practical purposes certainly, appears as sound as ever. In the course of a few weeks or months, the excitement returns. Again he is placed in a hospital, again he becomes calm and lucid, and again is allowed to go home. Are we prepared to say that every such admission of this person is a recent case, and every discharge a recovery? If, on the other hand, such cases are to be regarded as old, what shall we say of those in which the lucid interval continues for years? True, every chief of a hospital may have a rule of his own, but the consequence would be that we should have as many different rules and as many results as there are hospitals. And even admitting that a general rule were formed and agreed upon that a certain number of weeks or months should mark the distinction between a mere lucid interval, and a perfect recovery, yet no one with any practical acquaintance with the subject can imagine that the application of it would always be easy and uniform. During the alleged interval, is the mind really clear and unclouded by disease, or are its obscurations less dark only because the absence of excitement leads the patient to withdraw himself from the common notice, and refrain from obtruding his fancies upon others? Is the interval itself, whether clear or otherwise, so well defined that it can be bounded by days or weeks? These questions must be often asked. Does any one believe they would receive a uniform answer?

Dr. Thurnam, the Superintendent of the Retreat at York, whose faith in the value of the hospital statistics of insanity is unshaken by such objections, thinks that no practical difficulty will be experienced in determining the date of the disorder, "if it be understood that its origin should be dated from the period when self-control was first decidedly lost, and when overt acts of insanity were for the first time actually manifested; and that it should not include the time during which, from the *à posteriori* history, the existence of a latent state of mental disorder, as indicated by more or less of peculiarity, may be inferred."\* In the spirit of this remark, he approves of the practice which has always prevailed in the institution with which he is connected, of subdividing their recent cases into two classes, one containing such as have been disordered according to the above rule, three months or less, and the other, such as have been disordered not less than three nor more than twelve months. If Dr. Thurnam experiences no practical difficulty in applying his rule, I can only admire a sagacity which I cannot pretend to share. In a treatise characterised by such fulness of detail and acuteness of observation, it would have been gratifying to find how periodical cases are disposed of under the rule, because they peculiarly embarrass this question of recency.

Still stronger objections, may be urged against the division of cases into curable and incurable, because when not determined by the duration of the disorder, it is chiefly by considerations that are purely matters of opinion.

The usual method of comparing the number of recov-

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\*Observations and Essays on the Statistics of Insanity, p. 52.

eries with that of the admissions or discharges presents a very unreliable indication of the curability of insanity, or even of the relative success of different establishments. When we consider how large a portion of our discharges originate in the impatience, or poverty or nameless caprice of friends, or any other cause than the admitted incurability of the disease, it must be obvious that the number of recoveries can have no necessary relation to that of the discharges, nor upon the admissions so long as the latter are consequent upon the discharges. What the number of recoveries does indicate very strongly is, the amount of perseverance and pecuniary ability exhibited by the friends and guardians of the patients, and any degree of merit which may accrue from the number of recoveries must be shared by the institution with the community itself.

For the same reason the proportion of recoveries reported by our hospitals, cannot be regarded as a satisfactory test of the curability of insanity. Every case submitted to the treatment of an asylum may be considered in the light of an experiment upon the curability of the disease. If removed before the experiment has been fairly tried, the result proves nothing. How many of these abortive experiments are annually tried in our hospitals, we all know to our sorrow. If, according to the opinion of Esquirol in which he is supported by Mr. Samuel Tuke who had peculiar facilities for forming an opinion on this point, the average duration of an attack of insanity is one year, it follows that in a certain number of cases it must exceed a year. Esquirol states that of the 1233 recoveries that occurred in a certain number of cases submitted to treatment, more than half of them were subsequent to the first year. If any confidence



can be placed in this result as the expression of a general truth, it follows that any patient, not affected with a bodily disease, who is removed after only a year's trial of hospital treatment, cannot be considered as having had more than half a trial of hospital treatment without inquiring how many of the recent cases discharged uncured, are thus prematurely removed, there are enough, we all know, to vitiate any result afforded by hospital statistics touching the curability of insanity. One step towards certainty would be taken, if it were always shown how long the disease has existed in this class of cases, and how long they had been under treatment; in other words, how many had and how many had not passed beyond the reach of those restorative influences which nature or art may be capable of exerting. I am not aware of a single instance of such information having been given.

If these objections to the present method of determining the results of hospital treatment have any validity, we should expect to find them varying from one another to a degree that cannot be explained by any of the ordinary causes of diversity. That such is actually the case, I think cannot be fairly denied. I cannot enter into a detailed examination of these results, but a glance at a few of them will answer our purpose. In Dr. Thurnam's book is a table showing the proportion of recoveries to admissions in cases of less than twelve months' duration, in eleven different establishments, and they range from about 49 to 82 in the 100. The causes of this diversity may be obvious enough in some instances, but very far from it in others. How can we account for the fact that in the State Lunatic Hospital at Worcester, the recoveries in the above named class of cases have reach-



ed to nearly 83 per cent., while in the Retreat at York, Eng., they fall short of 62?\*

Differences equally great and equally unaccountable might be adduced without number, but this is sufficient for the purpose of illustration. Even if they could be satisfactorily explained, if we could be made quite sure why, in one institution, the proportion of recoveries is ten or twenty per cent. more than in another, this very result would establish the existence of modifying circumstances that would deprive our statistics of every claim to certainty. But whether explained or not, I see not how any candid mind can help drawing from them the conclusion, that the curability of insanity is as far from being settled as that of many other diseases that have been scarcely subjected to statistical inquiries.

The number of deaths always appears in the statistics of a hospital for the insane. Over and above the simple fact of showing what has become of the patients, it is supposed to have an important bearing on the curability of insanity, and the relative curative success of different institutions. As death is a matter of fact and not of opinion, it is free from one of the objections that lie against recovery as an object of statistical inquiry, and this seems to be its only advantage. When we endeavor to estimate the value of the relative number of deaths, as an indication of the mortality of the disease, we are embarrassed, as we were in regard to recoveries, with the very large proportion of cases annually discharged from our hospitals neither recovered nor dead. They cannot be left out of the account, and yet they

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\* It is not improbable that Dr. Thurnam took his figures relating to the Worcester Hospital from its annual reports, without noticing that the recoveries are compared with the *discharges*. On comparing the recoveries of recent cases with the admissions during the period in question, I find that the former is about 78 per cent. of the latter.

prove nothing whatever as to the issue of the disease. The only perfect experiment on this point would be to trace a considerable number of cases from the commencement of the attack to its termination in recovery or death. This would indicate precisely the numerical relation of these two events. To show the proportion of deaths to the admissions or discharges, is to indicate nothing in relation to insanity, beyond the two naked facts, that a certain number entered or left the institution, and a certain number died. The absurdity of connecting together such incongruous facts as the deaths of certain persons with the casual residence of certain others in the same place, is strongly illustrated by the practical result. At the Salpêtrière, for a certain term of years, the deaths were equal to 26 per cent. of the admissions, while in many American institutions, the proportion, up to the last year, has been between 8 and 9 per cent. Are we to infer from this fact, that insanity is three times as fatal at Paris as in America, or that the physicians of the latter establishments have been three times as successful as those of the former, in rescuing their patients from the jaws of the fell destroyer? If the facts will bear neither of these inferences, what are they good for?

Mr. Tuke, in his admirable introduction to Jacobi's work on the Construction of insane hospitals very properly proposed to estimate the mortality of these institutions like that of any other community; that is, by comparing the number of deaths with that of the average number of inmates. The event of death is thus regarded in the light of an incident natural to all mankind, rather than as the termination of a special disease, and therefore not so much indicative of the fatality of insanity, as of the hygienic merits of different establishments. Even considered in this latter point of view, great caution is nec-

essary in making the number of deaths the basis of any general conclusions. Their local circumstances might give rise to considerable differences in the rate of mortality, independent of the means and appliances which they devote to the cure of the disease. The remarks already made in reference to such influences upon the number of recoveries, are equally applicable, *mutatis mutandis*, to that of deaths, and need not be repeated.

It may be very fairly questioned too whether the number of deaths indicates the mortality of insanity, because many of them are caused by diseases that have only an accidental connexion with it. The tables usually printed in hospital reports, of the causes of death in the cases that have proved fatal, show—whether correctly or not is immaterial to the present point—that insanity itself destroys but few, if any, of its subjects. It certainly is not very clear how a death produced by diarrhoea, or apoplexy, can have any bearing upon the mortality of another and very different disease. Upon the only question that concerns us in this connexion, in what proportion of cases insanity proves fatal, the reports of hospitals fail to throw much light. If the question were proposed to this assembly,\* in what proportion of cases does mania occurring abruptly, and attended with a considerable degree of nervous and vascular excitement, prove fatal, I apprehend we should receive replies chiefly remarkable for their discrepancy.

In American hospitals it is the prevailing practice to state the causes of death in the respective cases that have occurred. What object is supposed to be obtained thereby, has never, to my knowledge, been very clearly explained. No one, I apprehend, will venture to say that any light has been thrown on the pathological phe-

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\*This article was read before the Association of Medical Superintendents of Institutions for the Insane, May, 1849.

nomena of insanity by these tables of the causes of death. The vague, loose and indefinite phraseology, the heterogeneous mixture of popular and technical distinctions, of symptoms and specific forms of disease, by all which traits they are too often disfigured, might be pardoned in the report of a superintendent of burial-grounds, but in a document emanating from a scientific man for scientific purposes, they excite a feeling of amazement, if not contempt. If they are to be considered as a mature and deliberate expression of opinion, and not merely a matter of form drawn up in compliance with some antiquated rule, they indicate a pathology that has not been enlightened by dissection, and ideas of causation which the irreverent world might say were puerile.

The leading fact implied by these tables is, that the insane mostly, if not wholly, are finally carried off by other diseases than insanity itself. I do not recollect to have ever seen insanity or mania set down among the causes of death, although one may find almost every other form of disease. Now, is the fact here implied true? Are we prepared to promulgate it to the world as an established thing, that nobody dies of insanity? On the contrary, are we not in the habit, in other connexions, of speaking of insanity as a serious disease, and one that is more or less fatal? True, an insane person may be attacked by dysentery, or small-pox, and succumb to its violence, and his death would be as properly attributed to such attack, as if he had never been insane. The presence of one disease does not necessarily preclude the occurrence of another, and if death follows the supervention of the latter, their respective agency in producing this result, is a question to be settled. In the larger portion of cases we should hesitate to attribute it solely to one of them, and yet this is habitually done in regard to the death of the insane. I am aware that in

our hospital reports, we always find some deaths attributed to "*disease of the brain*," some to "*inflammation of the brain*," and others to "*acute cerebral disease*," by all which terms it is probably meant, that the patients sunk under the violence of the maniacal attack. Then, why not say so? As these terms are often used to designate affections unaccompanied by insanity, I see no propriety in applying them to a form of disease which is characterised by mental derangement, especially as the term *acute mania* and its congeners have long been sanctioned by nosologists, and convey an exact, well understood idea. If there were any pretension to consistency in the matter, it might be asked why, in the same table, some deaths are attributed to *general paralysis* which is a specific form of mental disease, and not to *disease of the brain*, &c., which may be as properly applied to it as to mania.

These tables indicate great confusion of ideas, evidently arising from the want of well settled, well understood views of pathology. Some of the diseases set down in them as causes of death, were undoubtedly superinduced upon the original disease with which they had no necessary connexion, and produced death solely by their own means; while many others are just as clearly the natural and ordinary results or accompaniments of insanity, and only mark the last stage of its progress toward the final dissolution of its victim. Of the latter none makes so much of a figure in our hospital reports, as *marasmus*. In acute mania and the latter stages of chronic mania, nothing is more common than more or less emaciation of the body, and it probably has the same pathological relation to the original disease that it has to phthisis or fever when it accompanies them. It is one link in the chain of morbid processes which originate in the brain, and to call it the cause of death would be



like saying that the victim of consumption dies, not by consumption, but by diarrhoea which occurred a few days before death. *Exhaustion* too is a prolific cause of death in our hospital reports. To call exhaustion a disease, which, so far as its phenomena meet our observation, is merely a loss of muscular power incident upon a specific disease, is either to use language in a sense very different from its ordinary acceptation, or to confound together causes and effects with an utter disregard of every principle of sound pathology. All acute diseases of any duration induce an asthenic condition, but we are not in the habit of saying that patients die for lack of strength, any more than they die for want of breath. Exhaustion is, probably a convertible term with those above-mentioned "*acute cerebral disease*," "*inflammation of the brain*," &c., and indicates the same pathological condition. The term *acute mania* expresses that condition as definitely as possible, and why not use it, instead of resorting to a kind of innuendo which is misplaced here, however excusable it might have been in the worthy Irishman who, in speaking of a brother that came to a sudden end in an elevated position, softened down the stern catastrophe, by saying that he died of a great rush of blood to the head. In this connexion it might also be asked whether such terms as dysenteric fever, gastric fever, congestive fever, have a signification sufficiently limited and precise for statistical purposes. If not, then what becomes of the utility of such statistics?

Perhaps no circumstance of insanity has excited so much speculation, both in the profession and out of it, as its causes, and in every hospital report a prominent place is allotted to them. Inquiries that have for their object to cast some light on the origin of such an appalling malady, yield to no other in point of interest and impor-



tance. It would not be the first time, however, if the very importance of the subject has raised a determination to arrive at results of some kind, but not a corresponding anxiety for their soundness. It would not be the first time, if an imposing array of names and phrases, were mistaken by their authors for substantial contributions to knowledge, nor would it be strange if others were led to participate in the pleasing delusion. I fear that the careful inquirer will seldom rise from the examination of these tables, with the conviction that they have thrown much light on the origin of insanity. Perhaps no point within the range of our professional studies, demands a clearer insight into the laws both of psychology and pathology, than the successful elucidation of the causes which lead the mind astray from the line of healthy action. Here if anywhere, it will appear, whether our studies have led us to a higher philosophy than that which consists in repeating catch-words and echoing the popular voice. No where else in our department of the healing art, is a clear and able head more needed to overthrow the masses of error and prejudice that have been accumulating for ages, and, guided by the light of a strictly inductive philosophy, place us in the path of successful investigation.

Without pressing the radical objection that might be urged against the attempts that appear in our hospital reports, to penetrate into the causes of insanity, I will only advert to a few of their defects which appear on the surface, and equally impair their statistical value. Their total want of precision and uniformity in the use of language which are now justly deemed essential in any scientific inquiry really worthy of the name, is not one of the least serious of these defects. The most remarkable step ever made in the pursuit of natural sci-

ence,—one which marks the transition from idle and anile speculation on the one hand, to sure and valuable acquisitions on the other was the adoption of a language the terms of which are so precise and well-defined as to convey the same idea to every mind, in every time, and every land. In the department of inquiry we are now considering, as well as every other belonging to natural science, such a nomenclature is equally essential to progress. To suppose it may be advanced by the use of ordinary forms of speech, would be no wiser than to attempt to gain the most perfect mastery over the elements by such means as were furnished by the primitive inventions of Watt and Fulton. How little such views have entered into the tables of causes which appear in our hospital reports, will sufficiently appear from a few illustrations. In one and the same table, are cases charged to "domestic trouble," "bad conduct of children," "jealousy," "infidelity of wife," "ill-treatment of parents" and "abuse of husband." Surely, it would not be easy to find stronger manifestations of "domestic trouble," than are indicated by all these events, and we are therefore obliged to conclude that the term "domestic trouble" which appears to have given rise to so much insanity, is used in a sense very different from the ordinary, but one to which we possess no clew. In another table a number of cases are charged to the account of "disappointment," but whether they were disappointed in love, or politics; in the struggle for honor or wealth, does not appear. Another gentleman is more precise, and subdivides the general affection into "disappointed love," and "disappointed ambition." Another uses all three terms, and cases are referred by him respectively to "disappointment," "disappointed affection," and "disappointed ambition;" and another extends the list of disappointments by adding "disappointed expectation."

What idea are we to attach also, to such vague phrases, as "mental excitement," "anxiety," "exposure," "fright," and a host of others too numerous to mention?

Can we be quite sure too, that the same or similar terms used to designate the causes of insanity, mean precisely the same thing in the reports of different institutions? "Ill health" seems to be a prolific source of insanity. If this term were designed to embrace all the physical derangement that often precede the outbreak of insanity, and are supposed to be its cause, then it would convey some definite idea to the mind. In some tables perhaps, this may be its meaning, but in others we find it side by side with "fever," "nervous debility," "dyspepsia," "disease of the liver," "gout," "rheumatism," "phthisis," "menorrhagia," "amenorrhœa," and consequently must indicate some condition of the system not embraced in any of these disorders. But what is it? The reporter may understand it perfectly well, but how are others to know his meaning, without a preliminary dissertation on the use of terms, which, however, it might help the reader of a work on logic or philosophy, would be of little service in a statistical undertaking. Many cases are also referred to the puerperal condition. That this is often the efficient cause of insanity, I presume no one is disposed to doubt, but until this condition is more accurately defined, this general truth can have but little statistical value. What period after parturition does it cover? the few weeks immediately following, or the whole period of lactation? Is every case which happens within the allotted period be it long or short, to be referred to the same origin? and if not, by what rule are we to be governed in making the distinction? Until these points are settled, the results of different observers will admit of no comparison, and consequently can form

the ground of no definite conclusions. The same objection may be urged against some other items usually found in the tables of causes. They are so vague that we never can know the precise meaning attached to them by different observers.

It is very obvious too that these tables often reflect the peculiar views of their respective framers, so easy is it to find whatever we think we ought to find. One gentleman, for instance, attributes one tenth of his cases to intemperance, while another is not quite satisfied that he has had a single case arising from that cause. One who, for some reason or other, has been strongly impressed by the influence exerted on the female brain by those physiological changes called the "turn of life," regards them as a fruitful source of mental disease, and his table of causes, the "climacteric period" is made responsible for a very high proportion. One attributes five per cent. of his cases to masturbation, while another whose experience is confined to similar cases, sets down but half of one per cent. to this practice. One expresses the opinion that tobacco gives rise to much insanity, but provides it with no place in his table of causes. Another delivers the same opinion touching the want of sleep, but also fails to place it among the causes.

There is also much reason to believe that many of the emotions and incidents that are set down as causes of insanity, such as "fear of poverty," "religious doubts," "anxiety," &c., would often be more justly regarded as its effects. They are the first symptoms that arrest the attention, and by means of that common disposition to confound the post hoc with the propter hoc, they are placed in the relation of cause to the subsequent aberrations. In a multitude of cases it must be difficult, with

the slender means in our possession, to decide this point with the slightest approach to certainty.

Were the objections here urged against these tables of causes devoid of any weight whatever, there is another undeniable and unremovable, that strikes at the very root of their supposed value. The objection alleged against the event of recovery as an object of statistical record—that it is more a matter of opinion than of positive fact,—lies equally against the causes of insanity. But there is this additional one, that they are not even the opinions of the observer, but of other unskillful and irresponsible persons. Every thing that we learn on this subject is derived from the friends of the patients, and even if they abstain,—as they generally do not—from offering their own particular views, yet the facts are so related as to suggest certain inferences respecting the cause of the disorder. How crude and puerile the views of such persons often are, how partial and inaccurate their narratives of facts, are well enough known to us all. It might seem, at first thought, that a certain series of occurrences which required only a little activity of attention to perceive, might be clearly and completely related by any tolerably intelligent person, but we know by the most abundant experience, that few are able to describe phenomena that lie without the range of their ordinary thoughts and pursuits. To see events is one thing; to describe them is another and a very different thing. For the former a man has only to keep his eyes open; the latter requires an orderly arrangement of the thoughts, a skillful use of language, and some previous acquaintance with the department of knowledge to which the phenomena in question belong. Of the persons who bring patients to our hospitals, how seldom does one possess these qualifications, and yet their ac-



counts are made the basis of all our conclusions respecting the causes of the disease. The most trust-worthy lay particular stress on such events and incidents as, in their opinion, were connected with the production of the disease, their views, of course, being governed by their own habits of thinking and feeling. A hypothetical case will better convey my meaning. A lady about the "turn of life" becomes insane and is sent to an asylum. She has been addicted to potations somewhat stronger than water, and moreover has borne an active part in the religious movements of the day. A friend who puts his faith in total abstinence, does not hesitate to attribute the disorder to her indulgence in drink, and pays but little regard to any other feature in the case. Another of a cold or skeptical turn of mind who has been strongly impressed with the evils of religious fanaticism, dwells chiefly on her disposition to plunge into the excitement of religious gatherings, and here finds the origin of her disorder. Her physician who is accustomed to meet with the derangements incident to that great physiological change in the female system, thinks only of this fact. Now with all our caution, it cannot be doubted, that we should be very liable to attribute this lady's insanity, either to intemperance, religious excitement, or the climacteric period, according to the friend from whom we happened to obtain her history. I do not mean, of course, that we are obliged to coincide with the patient's friends on this point, for we may agree with them as much or as little as we please, but that we are obliged to form our opinions on such data only as they choose to present. No one of us certainly would believe that a patient had been bewitched because his friends think so, but does it show much deeper wisdom to make the narratives of such persons the ground of any opinions whatever?

There is a show of precision in the usual tables which, I apprehend, is not to be found in nature. If we insist upon evidence really deserving the name, the cases will be found to be exceedingly few, that can be satisfactorily traced to any particular, single cause. The history of cases generally discloses a series of incidents each of which appears to have had some share in producing the disease. It is impossible to designate any one of them as the efficient cause, or to say that any particular one might have been absent without affecting the result. I cannot see therefore what benefit can be derived from affecting a precision which, instead of casting any light upon the origin of the disease, only conveys wrong impressions respecting a matter of fact, to the unprofessional inquirer.

It has become a frequent though not a general practice in reports of insane hospitals, to classify the different forms which the disease has presented, for the purpose, I presume, of showing their comparative curability. Every superintendent adopts that classification which seemeth good in his own eyes, and consequently no two of them are alike. For instance, in the reports of one institution, the disorder is divided into eight classes; in another, it is divided into five; in another, twelve; in another, sixteen. If there were any foundation in nature for all or any of these classes, then their respective curability would be an interesting object of inquiry. But however convenient such distinctions may be sometimes for indicating the general features of the case, they are not sufficiently well defined and understood to form the basis of a scientific classification. At any rate, until some particular system is generally adopted with its classes and orders accurately defined and distinguished, I do not see how we can be benefited by considering the disease in so many subdivided forms. No

one, I apprehend, can be sure that by monomania, melancholia, moral insanity, and many other terms that are used to designate different forms of mental derangement, he understands precisely what his neighbor does, and that there would be no discrepancy between them in referring the same cases to their respective classes. Indeed it could hardly be otherwise, for these terms have never been clearly defined by any well recognized authority, and consequently without some preliminary explanations, can convey no accurate ideas to others.

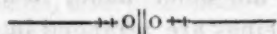
Even without these objections, there is another equally fatal to such attempts at classification, and that is the fact that in a large proportion of cases, the form of the disease changes in the course of its progress. The same case, at different periods, may present the aspect of melancholia, monomania, and dementia. To which of them is it to be referred?

I must terminate this examination of hospital statistics, already protracted, I fear, beyond the measure of your patience, without suggesting any better methods of reporting our results. In so doing, I shall, no doubt, subject myself to the usual reproach cast upon reformers, of making war upon a fancied evil, without offering anything better in its place. This reproach I shall not trouble myself to repel, content if I have succeeded in placing in a stronger light, difficulties and defects that have been more or less apparent to us all.

Before leaving the subject, however, it may be well to notice the usual reply to objections against the value of the kind of statistics we have been considering. The reply is that we do not pretend to obtain the exact truth, but only an approximation to it, and it is implied by the use of this term, that the approach is sufficiently near for any practical purpose. This is one of those fallacies

which Lord Bacon has classed among the idols of the forum, whereby words and phrases that have a technical meaning, are transferred to some other branch of inquiry, carrying with them by implication, all their original minuteness and accuracy of signification. In pure mathematics we are seldom able to arrive at the exact truth. We can only *draw near*, or *approximate* to it, as it is called, but so close may this approach be made, that the deficiency occasions no practical inconvenience. The term is applied exclusively by prescriptive usage, to that kind of inaccuracy which arises from the imperfections of mathematical analysis, never to such as arises from error of the senses or of instruments. We can never obtain the precise number which multiplied by itself will produce 50, but we can arrive as near to it as we please. On the other hand, in natural history, for instance, living beings are arranged into groups that are distinguished by certain characters, but not so exactly as to prevent all embarrassment in referring individuals to their respective groups. In the former illustration, the deficiency can be bounded by appreciable limits; it can scarcely be discerned without the magnifying aid of numbers, and presents no obstacle to the attainments of any legitimate object. In the latter, we can have but an indefinite notion of its extent, it is regarded as a serious drawback on the certainty of our results, and the worth and dignity of the science are deeply concerned in diminishing the evil. It is obvious therefore that we have no right to call our statistical short-comings approximations to the truth, inasmuch as they arise from our own imperfections and errors. But without insisting on the prescriptive use of the term, I might ask by what possible latitude of meaning it can be applied to the statistical results of our hospitals for the insane. Is any one prepared to say, for instance, that they have shown the

curability of recent cases with a degree of exactness that can be called, in any sense of the term, an approximation to the truth? Some would fix it at 90 per cent.; others at 70; while an earnest advocate might be found for every intermediate number. And just so with the mortality of recent cases. We are equally far from any result that can challenge general confidence. Is it 5 per cent., or 10, or 15, or 20? Good authority might be adduced for any of these estimates. Surely we cannot have the boldness to call results like these approximations to the truth? That they form very suitable data for an opinion, I admit, but a candid consideration of the subject must convince us, that such an opinion is no more likely to be exact, than a shrewd conjecture founded upon one's general impressions of his own experience.



### ARTICLE III.

## **FOURTH ANNUAL MEETING Of the Association of Medical Superintendents of American Institutions for the Insane.**

[THIS ASSOCIATION was organized and held its first session in Philadelphia, October, 1844; the second in Washington, D. C., May, 1846; the third in the city of New York, May, 1848; and the fourth in Utica, May, 1849. For the following brief account of the proceedings of the last meeting, we are mainly indebted to the *Utica Daily Gazette*.—ED. JOURNAL OF INSANITY.]

This Association commenced its session at Churchill's Hotel, in the city of Utica, Monday, the 21st of May,



The following gentlemen were present at the opening of the session.

Dr. James Bates, Maine Insane Hospital ;

“ Luther V. Bell, McLean Asylum for the Insane, Mass. ;

“ C. H. Stedman, Boston Lunatic Hospital ;

“ N. Cutter, Pepperil Private Institution, Mass. ;

“ I. Ray, Butler Hospital for the Insane, R. I. ;

“ A. Brigham, N. Y. State Lunatic Asylum ;

“ H. A. Buttolph, New Jersey State Lunatic Asylum ;

“ T. S. Kirkbride, Penn. Hospital for the Insane ;

“ Wm. M. Awl, Ohio Lunatic Asylum ;

“ John S. McNairy, Tennessee Lunatic Asylum ;

“ C. J. Fremont, Beauport L. Asylum, Quebec, C. E.

The President, Dr. Wm. M. Awl, took the chair, and Dr. T. S. Kirkbride, the Secretary, read the minutes of the last meeting, held last year at the Astor House, in New York city, which were approved.

Letters were read from the Board of Visitors of the Boston Lunatic Asylum, and from the Directors of the Eastern Asylum of Virginia, expressing regrets at their inability to accept the invitation of the Association to attend the meeting.

Dr. Bates offered a resolution, authorizing each member to invite such gentlemen to attend the meetings as he may deem proper. Adopted.

Dr. Bell, after reading from the Literary World, an excellent notice of the late Dr. James Macdonald, of the Insane Institution, at Flushing, Long Island, offered the following resolutions, which were unanimously adopted :

*Resolved*, That, as the first official act of this association, we would give utterance to the profound sensibilities with which we have been impressed by the recent

decease of our honored associate and friend, Dr. James Macdonald, of New York.

That in view of his elevated personal character, his high intellectual attainments, his extended experience of nearly twenty four years, devoted to our department of professional labor, we deeply appreciate the breach made in the ranks of science and usefulness by his death; and in the premature close of a life of devotion to duty, at its meridian, we recognize the hand of a mysterious and inscrutable Providence, to which, however dark, we would submit in humble faith and adoration.

That, so important an event in the history of our association, as well as of that department of professional labor to which our lives are devoted, ought not to pass without some more enduring recognition of his life and services, and that some member be appointed to prepare and publish, and have registered on our annals, a suitable tribute to his memory, in a record of his professional life and labors.

On motion of Dr. Kirkbride, Dr. Bell was requested to prepare such an obituary notice of the life and services of Dr. Macdonald as the resolutions propose, and the Secretary was requested to forward the resolutions just adopted to the family of the deceased.

Dr. Brigham, after a few remarks on the life and character of the deceased, read a letter from Dr. C. H. Nichols describing the disease which led to the fatal event.

Dr. Brigham, the Vice President of the Association, tendered an invitation to the members to pass the day to-morrow at the State Lunatic Asylum, under his charge, in this city.

On motion of Dr. Bates, it was resolved to accept the invitation.

An invitation was tendered in the name of the citizens of Utica and the Managers of the Asylum, to the members of the Association, to visit Trenton Falls, at such time as may be agreeable to them. Accepted.

On motion of Dr. Ray, a committee of three was appointed to report business for the consideration of the Convention. The chair nominated Drs. Ray, Brigham and Bell as such committee.

Dr. Bell read a very interesting paper, giving the life and recounting the peculiarities of a sailor, who after having recovered from a fit of insanity merely by being obliged at sea to use his utmost physical and mental exertions to navigate a vessel, when yellow fever had incapacitated the rest of the crew, succeeded in crossing the Atlantic in a cutter with no other help than a faithful dog, whom he drilled to assist in steering and managing the craft. He subsequently performed rare nautical feats in the same manner. Having become strongly and incurably estranged from his wife by what he considered her severe treatment of him during his insanity, he never visited her but once afterwards but went to Ohio, where he lived in a state of the strictest seclusion with his dog, conversing only with the latter, and after the brute's death, with himself. His occupation was not known till after his death, when his house was found filled with all kinds of machinery, the object of which was to establish perpetual motion. The paper read was full of curious and amusing facts and gave rise to an interesting discussion among the members relative to the man's insanity.

Dr. Ray from the committee on business reported in part a list of reports ready for the convention.

Dr. Bell read a statement of his personal examinations of a person named Elisha Robbins, an account of whose "marvelous recovery from insanity of forty years

standing," was generally circulated in newspapers some months since. Dr. Bell asserts, that so far from his having recovered, he had merely sunk from a state of mania to one of hopeless dementia or loss of mental power, a very common condition of old lunatics. (This opinion is of great importance as bearing on the question of divorce for permanent insanity, which was agitated last winter in the N. Y. Legislature. The above case was frequently cited as authority, and its explanation should receive the same general circulation as was given to the first statement.)

Dr. Fremont gave accounts of somewhat similar cases which have occurred not unfrequently in Canada.

On motion of Dr. Cutter, the Convention adjourned till 2½ P. M.

#### AFTERNOON SESSION.

Dr. Buttolph read a very able report on the relation of Phrenology to Insanity, in which, taking the science as the true basis of all theories of Mental Philosophy, the author proceeded to unfold the bearings of the principles of the science upon the prevention, diagnosis, prognosis and treatment of insanity. The report was very strong in its expressions, and indicated strong faith in Phrenology; a faith which Dr. Bell proceeded to dissent from. While he was pleased to believe that the popular dissemination of the theories of Phrenology had done much to correct popular errors concerning the nature of mental disease, he did not believe that the science was of any service whatever in determining the connection between the conformation of brains and the peculiarities of mental action. Dr. Bell had seen examinations made by able phrenologists, of patients under his care, and he had never seen a case where a person of ordinary acuteness

might not have given more accurate opinions. He mentioned several cases of striking failures by Mr. Combe, and concluded by expressing a belief in the decision of Esquirol, based upon the examination of one thousand skulls of eminent men, that a knowledge of Phrenology was of no use in forming an idea of the condition of the mind.

Dr. Bates and Dr. Brigham followed with remarks on the same subject. The latter had witnessed successful and satisfactory results of cranial examinations, while he, however, equally with Dr. Bell, had failed to satisfy himself of the practical utility of applying the principles of Phrenology to the study of insanity. He did not think such a result could reasonably be expected, even if Phrenology is true, as insanity is often a temporary disease of the brain, from over-action or inaction or some other cause. He suggested the importance of minute observation of the external condition of the heads of insane patients as to temperature.

Dr. Ray agreed mainly with the opinions of the gentleman who had spoken. But while he was satisfied that indirectly the introduction of the study of Phrenology, by giving more and clearer prominence to the science of mind, had been beneficial in the study of diseased manifestations, yet he was of opinion that directly it had rendered little service, as no one could ascertain by cranial examinations the particular disease within.

Dr. Buttolph would not say that a knowledge of organology was valuable in the examination and treatment of mental diseases, except as affording a basis for a sound mental philosophy.

Dr. Bates followed in reference to the tendency of size of organs to predispose to disease. He did not believe



a large organ any more likely to become diseased than a small one.

The discussion was further continued by several gentlemen. The President gave a couple of amusing anecdotes, illustrating his views of the uncertainties of examinations.

A negro whom he saw examined, on being asked his own opinion of the correctness of the decision replied, "it is hard to tell what meat is in the smoke house by putting your hand on the roof." The Dr. gave an incident which occurred at his own Institution. A somewhat noted blind Phrenologist came to make examinations. The Doctor at first caused himself to be presented as a violent patient, and the Phrenologist pronounced him deficient in mental development. Afterwards introducing himself in his true character, he was examined, and the verdict was essentially different. Dr. Awl, would, however, wish members to understand him as expressing respect for the general truths of Phrenology.

Dr. Ray read a very elaborate and able report on the statistics of Insane Hospitals, in which, with great talent and discrimination and acute criticism, he unfolded the defects of the present systems of record.

Dr. Kirkbride, Brigham, Buttolph, Cutter, Bates, and Bell debated on the suggestions of the report, and many very interesting and instructive ideas were advanced.

The report was accepted, and the Convention adjourned till 8½ o'clock, to-morrow, A. M.

#### SECOND DAY.

The following gentlemen appeared in addition to those in attendance yesterday :

Dr. W. H. Rockwell, Brattleboro, Vt., Asylum for Insane;

- " C. H. Nichols, Bloomingdale Lunatic Asylum ;
- " J. H. Worthington, Friends' Asylum, near Philadel. ;
- " Edward Jarvis, Dorchester, Mass., Private Asylum ;
- " G. H. White, Hudson, N. Y., Private Asylum.

The minutes of yesterday's meeting were read and approved.

Dr. Kirkbride read a report on the importance of care in the selection of companions for patients.

Several gentlemen discussed at length the proposals and suggestions of the report, all being impressed with the vast importance of choosing attendants carefully and without regard to expense, as to such, in a great degree, is left the moral guidance of patients. In Asylums with two or three hundred patients, the physicians or higher officers, can of course devote but little time to each individual, and during the greater part of the day, the halls will be in charge of attendants only.

The members appointed to-morrow as the day for accepting the invitation of the citizens of Utica, and the Trustees of the Asylum to visit Trenton Falls.

Dr. Bates read a report on the necessity of precision in language used on subjects connected with insanity. The views advanced, covered in some respects, the ground occupied by the able report of Dr. Ray, read yesterday. The value of results will be affected necessarily by the exactness or indefiniteness of the terms used in the record of such results, and the value of statistics is dependent entirely on perfect accuracy, which can only be attained by precision in language. The views of the report were ably supported by Drs. Kirkbride and Nichols. The latter believed more accurate information in regard to the diseased physical condition of insane brains to be necessary to the exact description the morbid symptoms arising therefrom. Drs. Jarvis,

Buttolph and Bell fully concurred. Dr. Ray lamented the necessity of popularizing the subject of insanity in annual reports, as tending to inaccuracy of nomenclature, and longed for the time when these reports might not be required—when the directors of Insane Institutions, and the public would be satisfied with the results of official examinations by appointed authorities. The report of Dr. Bates was accepted.

Dr. Bell read a report “on a certain form of disease resembling some advanced stages of mania, of the delirium of typhoid fever, or of cerebral inflammation, but which may perhaps constitute a hitherto unrecognized and undescribed malady.”

The paper was received and laid on the table for discussion, and the Convention adjourned to meet at the State Lunatic Asylum, at 2 o'clock, P. M.

#### AFTERNOON SESSION.

The Association met agreeably to adjournment at the N. Y. State Lunatic Asylum, at 2 o'clock, P. M. The account of this visit we mainly select from the *North American and United States Gazette, Philadelphia*, to which it was contributed by the member of the Association from that city.

“Under the guidance of Dr. Brigham, the Superintendent of the Asylum, the members of the Association proceeded to visit all the wards, and inspect every part of the building, fixtures and arrangements of that noble monument of the munificence and benevolence of the great State in which it is located. This institution is much the largest on this continent, containing near five hundred patients, and near half a million of dollars have been expended on the grounds, buildings and fixtures. Its general arrangements are very good ; it is bountifully

supplied with water from a never failing source, more than half a mile distant, and is beautifully lighted in every part by gas manufactured on the premises. The economy of this mode of lighting seems to be very striking. Double the amount of light is now furnished at an expense of only \$1.89 per day, to that formerly obtained from oil at a cost of \$4 per day.

At 5 o'clock, P. M., a meeting was held at the Asylum, where the points of Dr. Bell's Report were discussed, and sufficient was elicited to satisfy him, that the variety of disease of which he spoke, had been noticed and recognized by all.

After tea, the members of the Association were unexpectedly invited, on behalf of the inmates of the Asylum, to meet them in the large chapel, where they were anxious to give some evidence of their respect for them and their branch of the profession. This interview was of a most striking character, and will long be remembered by all who participated in the proceedings. Entering this fine room, they found near three hundred patients, with their attendants, the officers and others employed about the establishment, assembled to greet them.

The following ode of welcome, written by a young Lady in the employ of the Asylum as an Instructress and Clerk in the female department, was then read with great propriety and feeling, by Dr. Maltbie, a gentleman of fine talents, who has long been a patient in this Asylum, and it was afterwards sung by the whole Asylum choir, in admirable style, with an accompaniment on the organ, by the daughter of the Superintendent.

Ye come, a kind and gen'rous band,  
Where sorrow seeks a rest;  
Ye come with high and noble aim,  
To light the shadow'd breast;

Ye come where life's dark billows roll,  
 And tempests overwhelm,  
 Where fearfully the bark floats on,  
 With naught to guide the helm ;  
 And to the weary mariner, point out a blissful goal,  
 To ease the burden'd spirit, to cheer the troubled soul.

Ye come to aid the anxious minds  
 Oppressed with weight of care,  
 And, would ye know how many hearts  
 Hold them in kindness here ;  
 How many grateful prayers ascend,  
 How many wishes rise,  
 How many hopes of bright reward  
 Beyond these changing skies.  
 And *Faith* looks upward trustingly, and seeks the promis'd goal,  
 To ease the burden'd spirit, to cheer the troubled soul.

Yours is a weighty, holy trust,  
 A mission half divine ;  
 You can not bring your treasures forth  
 To grace a purer shrine.  
 Then watch the mystic chain of love  
 Which God hath shaded o'er,  
 The casket is for *you* to guard,  
 And *He* the gem restore.  
 And blessings great and numberless beyond this world's control,  
 Will ease the burden'd spirit, and cheer the troubled soul.

The Rev. Mr. Beckwith, a convalescent patient, then welcomed the members of the Association in the following address, delivered in an admirable manner :—

“ Gentlemen :—Having been for the last eight months a patient in this Institution, and having realized the happy results of the kind and recovering influences which are here eminently enjoyed ; it is to me a source of no ordinary gratification to be allowed to address you on this occasion. The presence of a voluntary association of medical gentlemen devoted to the noblest branch of the healing art, the care and recovery of the diseased mind, is calculated to awaken sentiments of gratitude and respect. And for myself and fellow patients, I would



greet you with a respectful and cordial welcome, within these walls where the insane reside, and to this chapel where they worship, and from which, I trust, prayer will continue to ascend to Him who is the source of every good and perfect gift, for his favor upon you and your afflicted charge.

In this age of progress in science and the arts, and in the developments of christian philanthropy, when the impulses of a heaven descended charity, like the pulsations of the heart, are sending forth from this land healing streams to bless the most remote portions of our world, our duty to that unfortunate class of our fellow citizens who are afflicted with insanity, seems to demand that they should not only have the benefit of all that wealth can furnish for their comfort but also of the highest medical wisdom and skill which those can secure to whose care they are committed by their friends as an important trust;—a trust to which we may apply the language of the christian poet;—

'T is not a charge of small import  
The Doctor's care demands,—  
But what might fill an Angel's heart,  
And fill'd a *Saviors* hands;—

A charge imposing duties not only upon medical Superintendents and assistant physicians, but also upon every attendant, for the proper discharge of which is required much of that wisdom "which is from above, which is first pure and then peaceable, easy to be entreated, full of mercy and good fruits," of that charity which suffereth long and is kind, with a constant dependence on the Great Physician, by whose favor alone they can succeed in restoring the bewildered to themselves, their friends, and society.

May He who giveth wisdom guide you in the discussions of your present Convention, rendering it not only in-

teresting and pleasant, but eminently conducive to the promotion of the noble object of your Association; and when it is closed may each return to his charge enriched with increased wisdom for the discharge of the duties of his important station.

And as the admonitory note falls upon the ear from the grave of a beloved member of your association, recently removed by death; one so justly esteemed for his high intellectual attainments and moral worth, while you cherish respect for his memory, may you seek to imitate his Christian virtues and to emulate his noble example of patient continuance in well doing, that like him, you may be cheered amid your cares and toils by the bright prospect of a glorious reward in heaven."

To this, Dr. Awl, the President of the Association, made an impressive reply,—returning thanks for this unexpected and most gratifying reception, more valued by him and his associates, than any other that they could have received from individuals differently circumstanced.

Dr. Brigham, on behalf and at the request of the inmates of the Asylum, then read the following sentiments; viz.,

*New England.*—Among the many good examples she has furnished the old and new States of the Union, are her charitable institutions, unsurpassed for their excellence and good management.

To this Dr. Bell replied in a speech, full of eloquence and deep feeling,—referring to the nature of the vocation to which he and his colleagues were devoting their lives,—to the institutions which were consecrated to the relief of this class of human afflictions,—and urging upon his audience advice and consolation that must have deeply impressed every one of his hearers.

Dr. Brigham then read other sentiments, prepared by the the inmates of the House; viz.,

*Pennsylvania.*—The first State in the Union to provide a hospital for the sick poor, and those mentally deranged. The spirit manifested by her citizens in 1751 is still active in multiplying and improving her benevolent institutions.

To this Dr. Kirkbride briefly replied, concurring in the sentiments of his associate. He returned his heartfelt thanks for the high compliment paid the State, which he had the honor, in part, to represent, and for the reception which the Association had met with from the patients of the institution.

Later in the evening the members of the Association were joined at the Asylum by the Managers and other officers and by a large number of the ladies and gentlemen of Utica, and were entertained in the most bountiful manner. Everybody seemed anxious to contribute to the enjoyment, and the brass band of the Asylum, at intervals of the evening, gave evidence of their musical skill and proficiency.

#### THIRD DAY.

The Convention met; the minutes were read and approved. Dr. Kirkbride moved that the Association will close its present session at 1 P. M. to-morrow, which was adopted. The subject of selecting a place for the next meeting, was referred to a committee consisting of Drs. Ray, Bell and Kirkbride. Adjourned to 5 P. M.

5 P. M.—Met agreeably to adjournment. The committee designated to select a place for the next meeting of the Association, proposed that the Association meet

at the city of Boston, on the third Tuesday of June, 1850, at 10 A. M., which recommendation was unanimously adopted.

Dr. Kirkbride moved that this Association has visited and examined with great satisfaction, the New York State Lunatic Asylum, under the care of Dr. A. Brigham, and tender to him their sincere thanks for his courtesy and attention, and for the bountiful hospitality extended to the members during their very gratifying visit. The motion was unanimously adopted. Adjourned till 8 A. M., to-morrow.

#### FOURTH DAY.

8 A. M.—Dr. N. D. Benedict, of the Blockley Hospital, Philadelphia, appeared and took a seat in the Convention.

The following gentlemen, Trustees of Institutions, were also in attendance, by invitation :

John F. Gilpin, Esq., one of the managers of the Philadelphia Hospital;

Wm. B. Fling, Esq., M. L. Dawson, L. R. Greeves, managers of the Pennsylvania Hospital for the Insane.

The minutes of the last meeting were read and adopted.

Dr. Kirkbride offered the following resolutions :

1st. That it being the deliberate conviction of this Association, that an abundance of pure air, at a proper temperature, is an essential element in the treatment of the sick, especially in Hospitals, and whether for those afflicted with ordinary disease, or for the Insane, no expense that is required to effect this object thoroughly, can be deemed either misplaced or injudicious.

2d. That the experiments recently made in various Institutions in this country and elsewhere, prove to the satisfaction of the members of this Association, that the best means of applying warm air in winter, at present known to them, consists in passing fresh air from the external atmosphere over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler, is not more than  $212^{\circ}$  Fahr., and contained in large air chambers in the basement of the building to be heated.

3d. That a complete system of forced ventilation, connected with such a mode of heating, is indispensable in every building devoted to these purposes, and where all possible benefits are sought, to be derived from its arrangements.

Dr. Bates and Dr. Bell remarked on the resolutions, giving the results of their own extensive experience and observation in ventilating and heating.

During the progress of the discussion, the President, Dr. Aul, took his leave of the Convention, being obliged to make an early departure. He expressed, at parting, in a few words, the gratification he had derived from attendance upon the meetings of the Convention, and the most cordial feelings of friendship he entertained for the individual members.

After a full and interesting debate on the resolutions offered, they were adopted.

Dr. Bell, from the business committee, reported on a suitable method for preparing business for future meetings, that they would recommend the appointment of standing committees by the President, whose duty it shall be, to keep themselves informed of whatever oc-



curs connected with its respective subjects consigned to their special charge, and report to the Association at its next meeting, every thing that that may be deemed worthy of its attention. They recommended the appointment of standing committees on the following subjects:—

On the moral management of the Insane,  
On the medical management of the Insane,  
On the medical jurisprudence of Insanity,  
On the construction of Insane Hospitals,  
On the restraining apparatus.

They also recommended special committees, and voluntary contributions, and that the President shall, at a period prior to the first of July next, select a subject to be reported on for each gentleman connected with the hospitals for the insane of the U. S. and Canada, who is, or may be competent to become a member of the Association, and notify him by mail of such appointment, at the same time soliciting a definite reply, whether the Association may expect a compliance with such duty. The report was approved and its suggestions adopted.

Dr. Stedman offered the following:

*Resolved*, That the thanks of this Association are due, and are hereby tendered to the Managers of the New York State Lunatic Asylum, as also to the citizens of Utica, for the marked attention, courteous, and generous hospitality bestowed on the members of this body, by them during its present session.

*Resolved*, That the thanks of the Association are due to Mr. Churchill, for his liberal provision for the meetings of the Association, and for which he has declined receiving compensation on account of its benevolent character. Unanimously adopted.

Dr. Buttolph offered the following :

*Resolved*, That the members of this Association, highly appreciate the benevolent and disinterested services of Miss D. L. Dix, in behalf of the insane in various States of the Union, in calling attention to their wants, and in contributing her influence in favor of the erections of appropriate institutions for their treatment. Adopted.

The Treasurer reported four dollars in the Treasury, and no expenses. Report adopted.

Dr. Cutter read a report on the history of his experience of the treatment of Insanity since 1814. Accepted and laid on the table.

In connection with the report, he presented a paper containing a record of cases treated between the years 1812 and 1824, by Dr. Chaplin, of Cambridgeport, Mass., an interesting proof of the success of treatment at that early day.

Dr. Kirkbride moved that the business committee be requested to suggest names for the standing committees for the ensuing year. Adopted.

At the request of Dr. Brigham, Dr. McNairy gave a brief statement of movements in Tennessee, for the erection of an Asylum. Forty thousand dollars have been already appropriated for the purpose, and operations have been begun. The Legislature at its next session is expected to do something further.

Dr. White read a report on the propriety of separate institutions for the different sexes, the suggestions of which were debated and generally approved.

Dr. Bell, from the business committee, reported that they recommended that the following gentlemen be ap-

pointed as the standing committees for the ensuing year ;

Dr. Ayl on the moral management of the Insane ;

Dr. Bates on the medical management of the Insane ;

Dr. Ray on the medical jurisprudence of Insanity ;

Dr. Kirkbride on the construction of Insane Hospitals ;

Dr. Nichols on restraining apparatus. Report adopted.

Dr. Stedman remarked that he had the good fortune frequently, to procure copies of rare works from England, and elsewhere, and would be happy to take orders from gentlemen for the obtaining of such at any time.

Dr. S. also made the same remark as to procuring for Institutions, pianos of Chickering's make, of Boston.

Dr. Bell solicited reports of trials in which the question of insanity is involved.

Dr. Bates suggested concerning accounts of suicides, that it is advisable to keep such articles from the hands of patients. Drs. Brigham and Kirkbride did not believe that a censorship of the press could be established in this respect. The subject was further discussed by other gentlemen.

Dr. Stedman moved that the Secretary be requested to furnish the editor of the *Journal of Insanity*, and of the various medical Journals of the country, with copies of the proceedings of this Convention ; also that a committee be appointed to select such of the reports read at these meetings, as they deem proper for publication in the *Journal of Insanity*, or in some other form. Adopted.

On motion of Dr. Bates, the Convention adjourned to meet at Boston, on the third Tuesday of June, 1850.

ARTICLE IV.  

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**James Macdonald, M. D.**  

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ONE OF OUR most esteemed cotemporaries, and one of the most valued contributors to this Journal, has suddenly passed away. Dr. JAMES MACDONALD died at his residence, in Flushing, on the 5th of May last.

Though feeling ourselves quite unequal to the task of doing justice to his memory, we cannot let the present opportunity pass without giving our readers some slight notice of his brief and useful career. This, to some extent, we are enabled to do, owing to the kindness of a friend who has had access to papers not in our possession. At a future time we hope to embody in this Journal some of the valuable records and observations relating to the insane that he has left in manuscript.

Dr. James Macdonald was born at White Plains, in the State of New York, the 18th of July, in the year 1803. His father, Dr. Archibald Macdonald, was a native of Scotland, but came to America in childhood. This gentleman belonged to one of the Highland families, that took up arms in favor of the young Pretender, Charles Edward, when the Stuarts, in 1745, made their last effort to recover the crown of Great Britain. After the disastrous failure of that attempt, his immediate relatives fled to France, and when, at a later period, they returned, and emigrated to Canada, he accompanied them. Subsequently, he studied medicine and became

a Surgeon in the British army. Some years after the termination of the American Revolutionary war, he married in the county of Dutchess, and finally settled at White Plains, where, during the residue of his life, he practiced his profession with an extensive reputation. He died in December, in the year 1813.

The first years of Dr. James Macdonald's life were spent in his native village, where he acquired much distinction for an early proficiency in learning. After his father's death, his education was carefully superintended by an excellent and devoted mother. His first classical instructor was Isaac Hulse, who, in 1815, and for some time afterwards, taught in the adjacent town of Scarsdale, and who has since become a distinguished surgeon in the United States Navy. Subsequently to this, he was sent to the Academy at Bergen, in New Jersey, then under the care of Mr. Thomas Gabagan, where he continued for several years. It was originally intended that he should follow some mercantile pursuit. The profession which he afterwards embraced, was his own determinate choice, in opposition at the outset, to the wishes of nearly all his friends.

In 1821, he commenced the study of medicine, in his native village, with Dr. David Palmer, and was afterwards a pupil of the late Dr. David Hosack, of New York. Under this last eminent Professor, Dr. Macdonald finished his medical studies. After attending several courses of lectures, at the College of Physicians and Surgeons, in New York, he took the degree of M. D. on the 29th of March, 1825.

The Lunatic Asylum at Bloomingdale had at that day a *Resident Physician*, generally a young man, who lived at the Asylum; and the Institution was visited at stated times during the week by some medical man of eminence, called the *Visiting Physician*. At the moment of



Dr. Macdonald's graduation, the resident officer had resigned. With that promptness and self-reliance, which characterized him through life, he instantly offered himself as a candidate for the vacancy. He waited personally upon the several Governors of the New York Hospital, (of which the Bloomingdale Institution was a branch,) to all of whom, he was a stranger; with scarcely any recommendations other than those of the Professors, under whom he had studied. His frankness, youth, and intelligence made a favorable impression upon the different members of the Board, of which they afterwards often spoke, and he received the appointment, although opposed by two rival candidates, who, supported by powerful friends, had made the strongest efforts for success.

Dr. Macdonald now commenced the study of mental disease with great enthusiasm, and the medical responsibility of the Bloomingdale establishment, soon devolved upon him almost exclusively. He had not been long in office, when an instance of close investigation secured for him the favorable consideration of the Governors and Officers immediately connected with the Institution. Among the cases under treatment, was that of a man, whose ill-health and insanity could not be traced to any cause. He was of good habits, and in prosperous circumstances; no case of insanity had ever occurred in his family, and the disease could not be accounted for, by any reason moral or physical. His friends and medical attendants had all been baffled in their attempts to detect the origin of his disorder. Dr. Macdonald made a fresh effort, and he too at first was unsuccessful, but knowing that the patient had kept a public house, where liquors were sold, he instituted particular inquiries into the man's habits, before the occurrence of his insanity. It was at length discovered, that the individual in question was in the

daily practice of rising early in the morning, after which he immediately opened the room, where refreshments were retailed, and took the first drink of cider, which was pumped from a fountain, where it had stood the whole night previously. A strict examination was now made of the pump and fount, and it was found that the materials of which they were constructed, were in part *lead*, and that the acid morning draught of the insane person, had been in immediate contiguity with that metal for the space of seven or eight hours. The young physician now exulted in his discovery of a cause sufficient to account for the disease. Fresh from the medical college, he recollected that in his lectures, Dr. Hosack had mentioned, that *lead* introduced into the human system would cause disease and *insanity*. The patient after this, was successfully treated and recovered.

Dr. Macdonald remained at Bloomingdale as Resident Physician of the Asylum until the latter part of the year 1830, when he resigned, and commenced the general practice of his profession in the city of New York. Upon the occasion of his retiring from Bloomingdale, a resolution, couched in the most flattering terms, passed the Board of Governors, bearing testimony to the ability and fidelity, with which the duties of his office had always been discharged; and directing a certificate of their approbation to be furnished him, which was soon after done, by their President, the late Peter Augustus Jay.

In the Spring of 1831, the Governors of the New York Hospital proposed to send him abroad, for the purpose of visiting the Insane Hospitals of Europe, with the view of introducing at Bloomingdale, such improvements as he might find in those foreign establishments. The result of the negociation which ensued, was, that a new agreement was entered into, by which Dr. Macdonald was to

spend a year in visiting the Lunatic Asylums of the Old World, for the purpose of examining in detail, and of making himself acquainted with the economy, management and modes of cure, practiced in the best European Institutions for the Insane. On his return, the Governors were to commit to his exclusive care, the patients in the Bloomingdale establishment, in which situation he agreed to remain until June, in the year 1837.

On the 1st of June, 1831, Dr. Macdonald sailed in the packet ship Havre, from New York, for France, amply furnished with letters and documents, which secured for him a favorable reception from Directors and Physicians of Hospitals, and from the friends of science and humanity. He arrived at Havre on the 24th of June, and immediately proceeded to England, which was to be the first field of his investigations.

While zealously prosecuting the great object of his mission, Dr. Macdonald's industry secured him some leisure, which enabled him to look around, and gratify a liberal curiosity. In a letter, of July 13th, addressed from London to one of his brothers, he says:—

"Among other places, I have been to the Court of Chancery. It is a singular spectacle to see members of the bar in their wigs and gowns; but to me the most interesting personage was the Lord Chancellor. *Sitting*, Lord Brougham seemed a man of short stature, made up of nerve and sinew; his activity having left no time for the accumulation of fat. His face, far from handsome, is strongly marked, his forehead low, his eye penetrating, his nose slightly inclined upwards at the end, his mouth sarcastic and decisive to the last degree. Like his mind, the muscles of his face are in constant action, amounting even to spasmodic twitching. Unlike most other judges, he does not sit still and allow lawyers to conduct proceedings—he is the very life and soul of every thing, he spurs, drives, cuts short, and determines."

In a letter of August 10th, he says:—

"I was last night in the House of Lords. A highly interesting discussion ensued, on a motion of Lord Londonderry, (the brother of Castlereagh,) that the Ministers should lay before the House, papers relating to the Belgian treaty. His intemperate, puerile speech, brought forth Earl Grey, who is a noble, dignified, statesman-like looking man, and a powerful speaker. The Duke of

Wellington followed, and then came the mighty Brougham, in rather a desultory, though most able speech, of an hour and a half—but so carried away was I with the orator, in the boldness and loftiness of his eloquence, the sallies of his wit, and the bitter biting of his sarcasms, that the time seemed not more than half an hour. In sarcasm, the Lord Chancellor has not, if he ever had, an equal. Such a dressing as he gave Lord Londonderry, I never heard before. Neither the room for the Lords, nor that for the commons can be compared in size, convenience, and elegance to our National Legislative Halls. The members sit on benches without desks. Those of the Commons, are plain—of the Lords, covered with crimson cloth, as are other parts of the room. A splendid throne is erected at one end for the King, when he visits the House,—and in one corner are some low seats for noble ladies, who sometimes attend; (several were there last night.) Into one end of the room, and around the throne, members of the House of Commons are admitted, but are not allowed to sit; it is the same with spectators at the other end.

"I saw upon this occasion, most of the nobles of the land. They are a plain, gentlemanly looking set of men. I was forcibly struck with the courteous and unaffected manner of *at least one* of them, the Marquis of Cleveland, who passing by, near where I was standing, picked up my gloves, which had fallen on the floor, and politely handed them to me. I mention this to show, what I believe Englishmen of real rank possess in private intercourse,—great simplicity."

Having carefully inspected the Lunatic Asylums in London and its vicinity, he left that place for Scotland in August, taking Cambridge in his way, at which ancient seat of learning, he spent a day or two. He stopped a fortnight in Yorkshire, and examined the celebrated Insane Hospitals of that province with "*great profit.*" In a letter to one of his brothers, written at this time, he gives an account of a visit to Sir Walter Scott, at Abbotsford:—

"Sir Walter, in consequence of sickness, has been for a long time invisible to almost every body but his immediate friends. By a singular hit of good fortune, I procured from a distinguished antiquarian, who had furnished the author of *Waverley* with many a curious legend, and who had been for years his intimate friend—a letter of introduction for Dr. H. (whom I met again in Edinburgh,) and myself. Abbotsford is not an hereditary estate of the distinguished owner, but has been purchased and improved by himself. He also built the house, which is Gothic in architecture, and very grotesque in appearance. Upon arriving at the door, and seeing many persons turning away in disappointment at not seeing the house, (for great numbers flock there for this purpose only,) little hopes were left of seeing the "*Lion*" himself. However, we sent in the letter, which was instantly followed by an invitation to enter. Sir Walter himself advanced into the hall and received us, shaking us cordially by the hand, and adding, that he was glad to see us. He led the way into his study, and

begged us to be seated. His full height, when standing erect, must be nearly or quite six feet, and he is much more slender than I expected to see him; this however, is owing, I suppose, in part to sickness. In addition to his former lameness, paralysis has rendered him quite a cripple. Walking costs much exertion, and is only performed by applying both hands to his staff. My first impression was 'here is a plain, open-hearted, rough-looking old gentleman, who, from all external appearances might have gone to the grave, really *unknown* as the "*Great Unknown*."' But the longer I looked upon him, the more forcibly I was struck with the strong lines and marks of his manly face. His eyes, which are full, when animated in conversation, are in the highest degree expressive; and if I were asked the predominant character of the expression, I should call it humor. With the neighboring organs, they would form a fine study for the Phrenologist. As usual, his tall dog was by his side, to which he good naturedly introduced us, as one of his most particular friends. Sir Walter, after some conversation conducted us in person, through the fine suite of apartments, ordinarily shown to visitors, and pointed out the most interesting objects. He seemed to dwell with particular pleasure on some old family paintings, and on one in particular, humorously representing an ancestress, in the act of taking a husband, who had been coerced into the measure by force of arms. The sullen bridegroom is seen sitting by the victorious lady, while the priest is reading the ceremony. He conducted us into the room containing the celebrated antiquarian collection, and repeated some appropriate verses in the drawing-room. Sir Walter pointed out the silver urn, containing ashes of the dead, which he said, 'poor Byron gave me, and for which I gave him in return a curious ancient dagger.' The library is extensive, though miscellaneous. In the language of the owner, 'it wants arrangement, and is the library of a whimsical man.' He noticed my Scottish name, which I am half inclined to thank for some of his kindness;—asked me, if I had seen any Macdonalds in Scotland; spoke of the late Glengany in the highest terms of eulogy, and inquired if I knew his valued friend, Bishop Macdonald, of Canada. Of the latter he related an anecdote, which I never heard before,—that during the late *unfortunate* war, as he kindly expressed it, the Bishop headed his flock, and led them to battle.

"You have, no doubt, seen various newspaper reports of the state of Scott's health. It is a subject which has excited considerable discussion in this country, and on which the public, though much interested seem to know nothing. What I say, (and pray excuse my professional and authoritative tone,) you may rely on as authentic. The truth is, Sir Walter has had two or three attacks of apoplexy and palsy, which have left behind a permanent paralysis of one side of his body, with great indistinctness of speech. Although during our interview, I discovered no decided marks of impaired intellect or memory, yet knowing the ordinary effects of this disease on the mental faculties of old persons, I am constrained to fear that the *vigor* of his mind, at least, is lessened. He thinks he has improved of late, and says he only waits for his son's leave of absence from the army, to go to Italy, but that after all, he scarcely knows what to think about going abroad on account of his health. The subject seemed to depress him.

"His accent is strongly Scottish—his manner most kind and unpretending.



Though so lame, with the genuine politeness of the old school, he saw us to the very threshold, on our departure. The deep interest with which I viewed this extraordinary man, was of a melancholy character. I could not but lament that one, so much above ordinary beings, should be subject to their infirmities, and that the world would perhaps not again be delighted by a new production of his genius."

After visiting the Lunatic Institutions of Scotland, Dr. Macdonald crossed the channel to Londonderry, and traveled south as far as Dublin. In subsequent letters, he says:—

"My visit to Ireland has been, in a professional point of view, highly satisfactory. The public Lunatic Asylums of Ireland, established by a late act of Parliament are of the *very first order*. Irish hospitality, I found, deserves all that is said of it. I feel much indebted to Dr. S—— for the letter to his friend Hargrave. Dr. Hargrave is a fine specimen of the genuine Irish character, and treated me with the greatest attention. At Belfast I met with a Dr. McDonnell, distinguished both as a man of science and a philanthropist; a fellow-student of Emmet, at Edinburgh. In feeling, he belongs to the old school; is hospitable and clanish to the last degree. He manifested much interest in me, and urged me to remain to be introduced to General Macdonell, (brother to the late Glengany,) whom he expected in Belfast in a few days. He calls me his namesake, and offers his 'correspondence.'"

In October, he returned to London, and soon left for Paris, where he arrived in the end of the same month. In this metropolis, he found himself, on actual trial, in common with most American travelers at that time, *deficient in French*, more especially *in the spoken language*; and in consequence, with the view of giving a proper schooling to his ear, he engaged a teacher, and took lodgings in a French family, where no English was used. Finding it impossible to prosecute his inquiries on the Continent without a good practical knowledge of the French *oral* language, he, for awhile suspended his researches, and by assiduous exertions soon made good the deficiency. From this cause, and for other reasons, a longer stay abroad than one year, the time originally agreed upon, became necessary; and he now applied to the Governors for a postponement of the period fixed upon for his return, until September, 1832. His applica-

tion was promptly acceded to by the Board on the reception of his request.

He says in a letter, written at this time:—

"The day after my arrival in Paris, I found myself a member of the Polish Committee for the distribution of funds sent to General La Fayette. I have called on our gifted countryman, Mr. James Fennimore Cooper, who received me with cordiality. He remembered A., and inquired after him, and many other inhabitants of Westchester County. He introduced me to Mrs. C., and has since been to see me."

An extract from one of his letters, dated Dec. 8th, 1831, will show how earnestly he was employed at this time:—

"After witnessing the indefatigable zeal of French physicians, and the high state of medical science in Paris, my love of my profession has increased tenfold. I am now prosecuting the study of French with success. It may be satisfactory to you to know how my time is spent. I'll tell you in few words, and in a hurried manner. I rise at seven in the morning, before it is quite light, walk a mile or two to one of the principal Hospitals, follow one of the great men through the wards, investigating diseases, and hearing his practical remarks on a variety of cases. Prior to leaving the Hospital, perhaps a post-mortem examination takes place. I return to my lodgings at about half-past ten o'clock, A. M., breakfast on bread and butter and coffee, and chat for half an hour in French with my host and hostess. The time between this and five P. M. I devote to the lectures at the School of Medicine, to study and exercise. At five I dine with a French family in the neighborhood, where nothing but French is spoken, and where I remain two hours. At seven I return to my lodgings, and spend the evening till half-past eleven or twelve in reading and studying, alone, or with my teacher. Thus you see I am pretty well occupied. As soon as my knowledge of French is sufficient, I shall transfer my lodgings to the neighborhood of some of the other Insane Hospitals in the environs, and devote myself to insanity exclusively. So much occupied have I been, that as yet, I have seen nothing of the *great sights* of this metropolis."

Throughout January, February, March, and part of April, 1832, Dr. Macdonald was in constant attendance at the great Lunatic establishments, the *Salpêtrière* and the *Bicêtre*. The following extracts are from his correspondence at this period:—

"I am again attending to my duties at the great Lunatic establishment 'L'Hospice de la Salpêtrière;' but it is not exclusively appropriated to the insane. These form but one class among *five* received here. The classes are as follows: 1. *Reposans*, or aged servants of the Hospitals. 2. *Infirm*, or

those of eighty years. 3. Those of *seventy years, or who are afflicted with incurable wounds or local diseases.* 4. The sick. 5. *Epileptics or Lunatics.* The latter usually number from 1,500 to 2,000. The whole from 6 to 7,000. None but females are received in this establishment. There is a similar Institution, the *Bicetre, for men.* One is at first surprised at the great number of hospitals, and the crowds he sees filling them, in Paris. But, when we consider the national character of the French, and the condition of the poorer class, their pliability to any situation, and the impossibility for a large proportion to lay any thing by for old age or sickness, we at once see in the nature of things, ample reasons for such circumstances. I have been here just long enough now to begin to feel myself at home with the language. The Lunatic Hospital, which I am now attending, the *Salpetriere, is for females,* and contains no less than 1,500 patients. The greatest liberality is extended by the French Government towards strangers. Thus far I have used no introductions whatever. I conceived that as an ordinary student, I should see things more as they really are, than if I came as the accredited officer of a public Institution. Accordingly I presented myself to the physician in chief of the *Salpetriere,* as an American, desirous of learning the practice of French Lunatic Asylums. I was most cordially received, and invited to follow him in his daily visits. Thus, entirely unknown, I have been permitted to see daily every part of this great establishment. Not a patient under any circumstances has been hidden. How different was my reception in London, where, with the strongest letters of introduction, I was enabled only to see *certain parts* of Hospitals, and those only at particular periods.

"The Chambers are now in session, and I have visited them both. The Chamber of Deputies is a part of the Palais de Bourbon. The present hall is a temporary building to be used until the new one is finished, and is entirely without pretensions to elegance, but it has the advantage of being conveniently arranged for the accommodation of the public. Its plan is that of a Theatre, the floor or pit, occupied by members, and boxes or "Tribunes," for the Royal family, foreign ambassadors, the public, &c. The members of the French Chamber of Deputies are much better accommodated, than those of the British House of Commons, the former having each a desk, made, however, in rather a rude manner, and resembling stained pine wood. The orators are obliged to mount the Tribune, directly before the President's chair. Like the English House of Commons, this is a most tumultuous assembly. Marks of approbation and disapprobation are made in the same shouting and grumbling manner. The words, '*hear! hear! order! order!*' reported with the parliamentary proceedings, give the faintest possible notion of these cries. It is not only '*hear*' and '*order,*' repeated by an individual two or three times, but '*hear*' is cried out at the very top of the voice by two or three hundred lusty fellows, while the opposition almost as strongly attempt to drown it, by shouting '*order.*' The effect of this noise, which in England is worse than it is in France, is extremely ludicrous. I have seen but very little of our popular legislative bodies, but am inclined to think that they are much more decorous. Among the speakers, I heard at the Chamber of Deputies, was M. Ferrier, the Prime Minister,—the

best speaker and ablest debater, I thought, that mounted the tribune that day. The Chamber of Peers is in the Palace of the Luxembourg, (only a hundred yards from my lodgings,) and resembles the Senate Chamber at Washington, though larger. I have been present at one session. It is a far less dignified body than our Senate, and is occasionally rather tumultuous. Most of the members wear laced coats, the peculiar dress of this body; but since the Revolution of July, this ceremony has not been exacted.

"In relation to the Polish Committee: having found it would not interfere with my other pursuits, I have attended many of its meetings, which take place at the house of Mr. Cooper, every Wednesday evening. General LaFayette sometimes meets and interests us with his conversation. The more I see of this Patriot the more I venerate him; and when I hear a Frenchman speak disrespectfully of him, it produces the same sort of sensations as if I hear my country and my countrymen abused. After the business of the Committee is finished, I usually pass the rest of the evening with one or two other Americans, in the family of Mr. Cooper. These have been by far the most agreeable evenings I have spent in Paris."

"The twenty-second of this month, (February,) must have been celebrated with extraordinary rejoicings in the United States. I did not know it was the hundredth anniversary of Washington's birth day, until I had arrived at Mr. Cooper's, to attend a meeting of the Polish Committee, which assembles there every Wednesday evening. General LaFayette was present, and in good spirits. After the business of the evening was concluded, Mr. Cooper observed that it was then just a century since Washington was born. The mention of this circumstance had quite an effect on the company. The General seemed to renew his age—his countenance beamed with philanthropy—he looked upon those around him, with no small degree of satisfaction. He spoke of '*the young Virginian*,' and his mother, whom he knew,—he also spoke of Washington as a statesman and a soldier. The scene was one I never can forget. The whole assemblage of circumstances, Washington's birth, the meeting of a number of Americans in the Old World for the benefit of a people who had been crushed, while struggling for their freedom, and one of these very people, the countryman of Kosciusco and Pulaski being then among us; the presence of LaFayette, a link between the past and present, were of too interesting a character to pass by like ordinary occurrences. Among Mr. Cooper's good qualities, patriotism stands conspicuous. He called for some champaign, and we drank to the memory of Washington and the Polish heroes.

"I still find Mr. Cooper's house the most hospitable and agreeable in Paris. I dined there yesterday, and spent the evening in the company of General La Fayette, who came in after dinner. The General is still quite vigorous."

In April, Dr. Macdonald left Paris for Italy. His route was through Switzerland, and he entered Piedmont and Lombardy by the Simplon road early in May. After examining the Hospitals for the Insane in the different Italian cities, he took the steamer at Naples, and returned to

Paris by way of Marseilles, in the latter part of June.

In a letter to his brother, dated, Florence, May 20th, 1832, he says :—

"The Hospitals of Italy are generally showy, and many of them magnificent buildings. The great Hospital of this city, for instance, has the appearance of a palace, and the Lunatic Asylum presents a façade of the most beautiful and correct proportions. The Italians, like the French, are ostentatious, and in building as in taking care of the body, are apt to adorn the *exterior* at the expense of the *interior*. There are Lunatic Asylums in all the towns I have visited. But this is not a subject to interest *you*, I will merely add, that as these establishments are the first objects of inquiry, I have, of course, examined them all. That in this town is one of the best in Italy, and equal to the best in France."

With respect to the Institution at Aversa, at that time, the most distinguished of the Italian Lunatic Asylums, he says, in a subsequent letter :—

"At Naples, the most important object to me, and but for which, I should not have gone so far south, was the celebrated Lunatic Asylum, situated near the town of Aversa, about seven miles from the metropolis. It was put into operation by Murat. Placed under the direction of the Chevalier Luiguitte, a *ci-devant* priest, it soon acquired great celebrity; a celebrity arising more from external show, than from genuine utility. I had an opportunity of examining it pretty thoroughly, and must confess I received some useful hints."

Dr. Macdonald spent the month of July and part of August at Charenton, in inspecting the celebrated Institution for mental disease, situated in that village. In letters from this place, he says :—

"I have now every opportunity I could desire to study the treatment of Insanity, in one of the best Lunatic Asylums in Europe. When I say best, I mean so far as its management is concerned. The house itself is old, and composed of building erected on building at various epochs. Consequently it is not a model. I have daily access to all parts of the house, see all the patients, and am on intimate terms with the medical attendants. M. Esquirol, the physician in chief, has given me every facility, and has extended his private hospitality to me in a manner that I had no right to expect. My time is principally spent between the *Maison Royale de Charenton*, as the Hospital is called, and my books. The village of Charenton itself is a dull little place, situated on the Marne, near its junction with the Seine. On the opposite bank of the river (Marne,) is Afort, the seat of the most celebrated Veterinary School in the world. This establishment possesses a library of domestic zoology, a cabinet of Comparative Anatomy, and another of Pathology; a Botanical garden, Hospi-



tals for sick animals, a Chemical Laboratory, a Pharmacie, and School of Practical Agriculture, an Amphitheatre, where lectures are delivered on Veterinary medicine and Rural Economy, farrier's shops, &c. &c. But unfortunately for me, owing to the affair of the 5th and 6th of June, in which a few of the students were implicated, the Institution is closed.

"In the vicinity of Charenton are the Park and Chateau of Vincennes, famous as the residence of the cruel and superstitious Louis XI., and rendered classic ground by Sir Walter Scott, in the romance of *Quentin Durward*. I am so much occupied with my studies during the day, that I have not time to think of my lonely situation; but when evening, the hour for relaxation and social intercourse arrives, I then feel that Charenton is, to use a French word, '*triste*.' And this dullness has never been felt, perhaps to a greater degree, than at present, in consequence of the prevalence of the Cholera, which attacks at the most unexpected moment during the night, as well as at mid-day, its unfortunate victims. A pestilence in a small place like this, is much more frightful than in a large city, because in the former, its progress is exactly appreciated, and every person attacked by it is known. And then, the Catholic funeral service is calculated to produce a serious effect. For some hours previous to interment, the entrance to the house, which is usually wide, is fitted up with black or white hangings, according as the deceased was single or married. The coffin, covered in the same manner, is placed on a platform, and lighted by six or eight or more large candles. In front, stands a crucifix and holy water. Persons passing by pay different degrees of homage, according to the extent of their religious faith. In France, most persons content themselves with raising their hats; the more scrupulous, however, kneel, cross themselves, and sprinkle the coffin with consecrated water. After a certain length of time the priest arrives with his assistants, bearing lighted candles, and habited according to the forms of the church, and in number according to the purse of the defunct. Then commences a low and solemn requiem. When it is completed, the pall-bearers, if the place of interment be near, as in this little town, raise the corpse, and convey it with measured step to its last abode. I have witnessed many scenes of this kind. A few mornings since, I descended from my room, and entered the "Cafe," next door, to take my breakfast. On the opposite side of the street was the corpse of a young female, who had died the evening previous with Cholera. While waiting the preparation of my coffee, the solemn chant commenced. Upon its conclusion, six young females, dressed in white, raised the bier, and preceded by priest and assistants, with their crucifix and candles, moved off towards the cemetery."

In August, Dr. Macdonald again went to London, and was for some time engaged in examining the new Lunatic Asylum for the county of Middlesex, which had been finished and put in operation while he was on the Continent.

In the ensuing month of October, he returned to New

York, and immediately took charge of the Bloomingdale Asylum, where he remained until the Autumn of 1837. On the 4th of April, of this year, in a letter to the Board of Governors of the New York Hospital, he resigned his office of Physician of the Bloomingdale Institution, declining to be a candidate for reappointment, in the ensuing month of June, when the term of his services, as agreed upon, would expire. He was succeeded in office by Dr. Benjamin Ogden, but out of regard to the wishes of this gentleman, who was at that time, the chief medical officer of the New York Alms House department, and busily engaged in reforming the public Hospital, then at Bellevue, Dr. Macdonald continued at the Bloomingdale Asylum during the greater part of the summer. On the occasion of his resignation, resolutions were again passed by the Board of Governors, conveying their "thanks to Dr. Macdonald for his able and faithful professional services as Physician of the Bloomingdale Institution," expressing to him the "gratification they felt at the great success, which for many years, had attended his treatment of the insane patients," and assuring him that they "held in just estimation the amiable and gentlemanly deportment, which had always characterised him during their long intercourse."

In the fall of this year Dr. Macdonald again commenced the general practice of his profession in the city of New York, and in the ensuing month of May, was married to Eliza Harris Miller, daughter of Silvanus Miller, Esq., of that place. This union, though destined not to be of long duration, was productive of much domestic happiness. Not long after this, he was elected by the Board of Governors, one of the attending Physicians of the New York Hospital, an office which he held about four years, and then resigned.\*

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\*In the spring of 1839, Dr. M. again visited Europe, and examined several of the Lunatic Asylums, in the vicinity of London.

Three years after his marriage, he carried into execution a long cherished design, by forming, in connection with his brother, the Hon. Allan Macdonald, a private Institution for the treatment of mental disease. For this purpose, two houses agreeably situated at Murray Hill, in the suburbs of New York, surrounded with ample grounds, and shut out from public view by high enclosures, were at first employed. The establishment was opened on the first day of June, 1841; but the rapid approach of a crowded population, and an increase in the number of patients soon rendered a removal necessary.

In 1842, he was tendered the situation of Superintendent of the New York State Lunatic Asylum, which, after mature consideration, he declined.

With the view of placing their private Institution on a permanent spot, and in a more sequestered locality, the two brothers, in the winter of 1845, purchased the elegant and spacious mansion of the late Chancellor Sanford, at Flushing, one of the most costly and substantial country houses ever erected in America. To this place, (Sanford Hall,) the brothers, in the ensuing month of May, removed their establishment. Ever since this time, a train of improvements has been constantly going forward, having for its object the complete adaptation of the house and grounds to the particular purposes to which they were appropriated. It is unnecessary, perhaps, to add, that in this his favorite enterprise, Dr. Macdonald was in all respects, eminently successful.

An ordinary cold, taken in the beginning of the month, troubled Dr. Macdonald during the greater part of April, (1849.) On Monday night, the 30th of this month, at about half past ten o'clock, he left Sanford Hall for his own dwelling, which was at a short distance, in high spirits, intending to make his customary visit to New York, on the ensuing day, and to be present at the mar-

riage of a friend. Between three and four o'clock, on Tuesday morning, (May 1st,) he was suddenly attacked with a chill, and some symptoms of pleuritic irritation soon after supervened; but although he kept his bed, and subjected himself to medical treatment, neither he nor his friends considered the case dangerous. On Wednesday, his situation had become alarming, and information was immediately transmitted to his medical friends in town. Dr. Gurdon Buck came to Flushing, and stayed with him that night, and made a favorable report next morning. In the course of this day, (Thursday,) he received a long visit from his much esteemed medical friend, Dr. F. U. Johnston, of New York city, of whose judgment and skill he had always entertained the highest opinion. When Dr. Johnston left on Thursday afternoon, he was inclined to think Dr. M. out of danger, declaring appearances favorable. Apprehension on the part of Dr. Macdonald's friends now for awhile ceased; but early on Friday morning, Dr. Buck, who had again watched over him during the night, admitted that his symptoms were unpromising. About nine o'clock of the same day, Dr. Macdonald expressed the belief that he should not recover. This conviction he conveyed with gentle firmness to his wife. He said, that but for her sake, and that of his children, he would choose death rather than life; that he was, however, resigned to either event; that he had long endeavored in all his plans to keep the probability of his own death in view; though he regretted that he had deferred making some definite arrangements of his affairs, which he now felt unable to accomplish. He enjoined upon his wife a religious education for their children, and begged her to cherish in their hearts the memory of their father, of whom, even the older ones, would otherwise retain but a faint recollection. He then took leave of them, of his wife,

sister and brothers. To the friends who surrounded him, his death now seemed inevitable. Drs. Buck and Johnston watched with him alternately during Friday night, but did not suppose that he would live until daylight. He did however survive the night, but when morning came, it was evident that life was fast ebbing away. Mental hallucinations, which had been observable, though rarely, on the preceding day, now increased. It was affecting to see one, who had so often combated delusions in the minds of others, now becoming himself their victim. There was, however, almost until the last, an effort to contend against them. When first occurring he was sensible that they were aberrations. Then he would ask, whether some object that disordered fancy presented, were really there or not. The next stage was that of requiring positive assurance and argument before he could be convinced. When Mrs. Macdonald in her reasonings, pointed out the furniture in the room, he would recognise these familiar objects, and for the moment be satisfied that he was in his own chamber. Among other things she had called his attention to a miniature book-case on the mantel-piece, belonging to his children. For a time he endeavored to make that object his cynosure, and when the position of persons in the room intercepted his view of it, would desire them to move, so that he might "*see the book-case.*" These dis-tempered imaginations now increased, prompting the most pathetic requests that he might be taken home, and calling forth expressions of grief that he had been brought to die in such a wretched place. He fancied that he was in a mean tavern on the Third Avenue of New York, and pointed to the rude, vulgar pictures on the walls, and the leaky spots on the ceiling, as evidences of the truth of his belief. He still however recognized every one who spoke to him, but insisted that be-



sides the persons actually in the room, there were others whose appearance was revolting. Upon one occasion, when asked, if he thought the friends who surrounded him were capable of deceiving him, he answered with great energy, "*No; but you are deceived yourselves.*" Almost up to the last, he continued to observe and make remarks upon the various symptoms of his disease, and once while noticing his pulse, he observed, "*it is but a thread.*" Indeed, the mental disturbance seemed to have reference exclusively to external objects. During the latter portions of this, his last day, he was extremely restless, constantly desirous of getting up, and then immediately returning to his pillow. Death came at last, (at about half past nine o'clock, P. M., May 5th,) while he was making an effort to get out of bed, as he said, "*to go home.*"

Dr. Macdonald's fatal disease was inflammation of the lungs and pleura, called by the physicians, "*pleuritic pneumonia.*" It was considered in the rapidity of its course, a very uncommon case. He, himself said of his own malady, that it was the most violent disorder of the kind, he had ever witnessed. The disease was so malignant that medical men thought there must have been some pulmonary affection of long standing, but this proved *not* to have been the case. On a post-mortem examination, both lungs were found very much inflamed, but the malady appeared to have been of recent origin.

The funeral took place at Flushing, on Tuesday afternoon, the 8th of May, and was numerously attended by persons of all classes, both from country and town, although the weather was extremely unpropitious. Among the number were some of the former nurses and attendants at Bloomingdale, to whom he had continued through life to be a friend and adviser. Throughout the village of Flushing, the shops were closed, and regret appeared in every countenance. The departures from life of our

great public men have been extensively lamented, but among all the deaths of private individuals that the writer of this can call to mind, none appears to have caused more sincere and general sorrow than that of the deceased.

The attachment which was felt towards him, by every one within the reach of his influence, was very touchingly manifested after his death. It need not be said how deep was the grief of those, who stood in the nearest relations. Some of the persons in his employ, athletic men, from whom an outward exhibition of tender emotions could not be expected, were seen weeping over his remains. One of them brought some beautiful greenhouse flowers, and disposed them about his corpse, and although they were necessarily removed three different times, as often renewed his pious task. These, his humble friends, claimed the privilege of bearing his body from its earthly home to the last resting place, and but for the weather, the wish might have been fulfilled. They did, however, with affectionate pertinacity, insist on conveying his remains from the church to the vault, in which they were temporarily deposited.

On Sunday morning, May 13th, Professor Ogilby, of New York, preached at St. George's Church, Flushing, a funeral sermon on the occasion of Dr. Macdonald's death, to a crowded congregation. The text was from the 37th Psalm; "Mark the perfect man, and behold the upright, for the end of that man is peace." Twice, during the delivery, the speaker's feelings compelled him to pause and wait several minutes for the return of self-possession.

Dr. Macdonald's reputation as a physician is in the hands of his medical brethren. As far as relates to his character in other respects, he who writes these brief notes can not drop the subject without a few words in regard to one, with whom he was so well acquainted. From early life, the deceased was distinguished for purity and delicacy of taste, sentiment and manners. Throughout the whole period of youth and the beginning of manhood, he was ardent in the acquisition of knowledge, both professional and general. In maturer years, the great objects of his devotion were plans of usefulness and benevolence to his fellow men, and they

were pursued with a persevering activity, which ceased only with life. Although entertaining upon most subjects very strong convictions, he did not obtrude his own principles and opinions upon others; still, he never failed to dissent mildly, but firmly, from any sentiment which he thought morally exceptionable. Few persons, holding opinions so decided, have been so generally on terms of social kindness with those of opposite views and character. While rigidly subjecting every act and feeling of his own to the rule of duty, he always exercised great forbearance and lenity to the faults of others. In his family he carried the art of teaching by example to its highest point. Simple, abstemious and self-denying himself, he was affectionate, cheerful and attentive to the comfort and enjoyment of those around him. In the exercise of his more peculiar professional duties, he often had under his care some of the victims of inordinate indulgence. Upon such persons no words probably could have inculcated so forcibly the lesson of self-control as *his* habitual temperance and sobriety. Involved as mental disease is often found to be with circumstances of great and peculiar delicacy, it is more easy to appreciate the degree of medical skill, which he possessed, than the value of his nice and judicious attention to every point, which could directly or indirectly affect the interests of his patients. It was this, which made him, in so many instances, not merely the physician of those under his care, but their confidential friend and counsellor. His high regard to religious principles enabled him effectually, even under the most trying circumstances, to control a temper, which was naturally irritable. He was an active and useful member of the Episcopal church, in which he had been educated, and for which he always expressed a strong preference. Shortly after having announced to his family the conviction of his approaching end, he requested that his friend, the Rev. Mr. Smith of Flushing, might be sent for. To that gentleman, on his arrival, he said, that he had no hope of recovery, but believing that the prayers of the righteous avail much, he desired in his own behalf the benefit of pastoral intercession. He declared fervently a consciousness of his own unworthiness, and expressed

his hope in death, which he based solely upon the merits of his Savior. In conclusion, the writer will not withhold his opinion, deliberately formed, that the character of the deceased, upon the whole, exhibited less of human infirmity, than that of any other man, who ever came under his observation.

Dr. Macdonald had always taken a deep interest in the condition of the insane poor. When in 1834, the municipal authorities of New York determined to erect on Blackwell's Island, an Asylum for such as had become a public charge, they applied to him for information, and he furnished them with plans for the buildings, and prepared for their use an Essay upon the construction and arrangement of Insane Hospitals. Thence forward he never omitted any opportunity of exerting himself in behalf of that unfortunate class, who were at the same time mentally diseased and destitute. In 1847, he was appointed Visiting Physician of the Lunatic Asylum on Blackwell's Island, in conjunction with his friends, Drs. Benjamin Ogden, and Abraham V. Williams, and the attention bestowed by all three upon the whole establishment, has led to the most extensive ameliorations. When this Medical Board was first appointed, one of the most important deficiencies was the want of a library for the use of the patients. By the exertions of Dr. Macdonald, who collected the means necessary from a few benevolent individuals in New York, the inmates of the Institution now have free access to a library of nearly twelve hundred volumes.

Dr. Macdonald left numerous manuscripts upon mental alienation, and kindred subjects, among which are a short course of lectures, delivered some years ago at the College of Physicians and Surgeons of New York. These were all written at hurried moments, taken from the hours of repose, and he anxiously looked forward for a time of leisure, which might enable him to present the medical world with some of the results of a life of much experience and investigation, directed mainly upon one point. His only *published* works, at present recollected, are:—

1. The above named Essay on the construction and management of Insane Hospitals.

2. A Review of "Considerations upon the Insane, by G. Ferrus," published in 1837, in a Philadelphia Medical Journal.

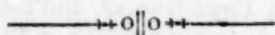
3. Statistics of the Bloomingdale Asylum, published in the N. Y. Journal of Medicine and Surgery, 1839.

4. Letter to the Trustees of the N. Y. State Lunatic Asylum, proposing a plan for organizing said Asylum, published in their Report, 1842.

5. A Dissertation on Puerperal Insanity, published in the *American Journal of Insanity*.

6. Several Reports on the condition of Blackwell's Island Lunatic Asylum.

Dr. M. was an active member of the N. Y. Medical and Surgical Society, and several cases of mental aberration reported by him to said Society, have been published in the N. Y. Journal of Medicine.



## MISCELLANY.



### TWO THOUSAND EIGHT HUNDRED DOLLARS DAMAGES, RECOVERED OF AN INSANE PERSON, FOR KILL- ING A MAN IN A PAROXYSM OF MANIACAL EXCITEMENT.



SUNDAY AFTERNOON, May 28th, 1848, a stranger was noticed in Albany, apparently highly excited, brandishing a pistol and bowie knife. His conduct attracted the attention of some men and boys sitting in the park, who followed him through several streets. He told them not to come near him, as he was armed; but they continued to pursue him, and hurled stones at him, until he turned and fired a pistol at the apparent leader, John C. Mull, who was nearest to him. The discharge slightly wounded Mull, who immediately rushed upon the armed man, and in the scuffle that ensued, was stabbed by him in the side, so that he died a few days afterwards.



The stranger proved to be Thomas Kelly, from Du Buque, Iowa, the owner of a valuable mine in that region, and who had about his person nearly \$10,000. He was examined, and pronounced a monomaniac, and has since then been in the State Lunatic Asylum, at Utica. His insane delusion is, that persons are pursuing him to rob him, and he so regarded those who followed him in Albany. On other subjects he seems rational.

An action of damages was brought against the deranged man by the executor of the estate of Mull. Said Mull, at the time of his death, was a young man, a mechanic, earning when he worked, a dollar and a quarter a day. He left a wife and an infant child. The action was brought under the following law, passed December 13th, 1847, only a few months previous to the death of Mull.

*"The People of the State of New York, represented in Senate and Assembly, do enact as follows:*

1. Whenever the death of a person shall be caused by wrongful act, neglect, or default, and the act, neglect, or default, is such as would (if death had not ensued,) have entitled the party injured to maintain an action and recover damages, in respect thereof, then and in every such case, the person who, or the corporation which would have been liable, if death had not ensued, shall be liable to an action for damages, notwithstanding the death of the person injured, and although the death shall have been caused under such circumstances as amount in law to felony.

2. Every such action shall be brought by and in the names of the personal representatives of such deceased person, and the amount recovered in every such action shall be for the exclusive benefit of the widow and next of kin of such deceased person, and shall be distributed to such widow and next of kin in the proportions provided by law, in relation to the distribution of personal property, left by persons dying intestate; and in every such action the jury may give such damages as they shall deem fair and just, with reference to the pecuniary injury resulting from such death to the wife and next of kin of such deceased person: provided, that every such action shall be commenced within two years after the death of such deceased person."

The case was brought on in the Circuit Court at Albany, the 6th of June last, Judge Parker presiding, and was ably argued by J. K. Porter, for the defendant, and H. G. Wheaton for the plaintiff.

Judge Parker charged, "that if the conduct of the defendant (he being a madman,) was such, when at large, as to endanger the safety of persons about him in the streets, it was the right of Mull and others to secure him, and that they were authorized to use as much force as was necessary for that purpose. And that if, in doing so, by proper means, the defendant inflicted the wounds that caused Mull's death, the defendant was *civilly* liable for the damage caused, though he could not be responsible *criminally* for the act, in consequence of his insanity. This law had long been settled, and was conceded by the defendant's counsel. It was upon the ground, that the loss sustained ought to fall upon the persons causing it.

"If a lunatic took the money or property of another person he was liable to make the injury good, by way of damages in a civil suit. The rule was the same, whether the injury was to the person or property of another. But when such a suit was brought to obtain indemnity, nothing could be added to the damages by way of fine or punishment, for the lunatic was incapable of intending wrong. He was not responsible for any wrong intention, and could not be punished under indictment or otherwise for any injury he might commit. And if the jury thought the act complained of was committed under such circumstances as to make the defendant liable, they would give by way of damages only the actual loss sustained."

The jury returned a verdict of \$2,800.

We do not know but this verdict was legal and right, but we have doubts. The law says, "whenever the death of a person shall be caused by wrongful act," &c. Can an insane man commit a *wrongful* act in the sense that the law contemplates? Besides, insane persons when unmolested, do not frequently commit heinous acts, but such persons are easily exasperated, frightened, and rendered furious. No doubt in this case, Kelly thought he was defending himself against a mob, intent on killing

and robbing him. In such cases, we think the inquiry should be *very strict*, if those who thus suddenly pursue a deranged person through the streets, are altogether in the right, and are acting with due *délibération*, caution, and from proper motives.

At all events, we regret that one of the first decisions under this new law, should have the effect to take the property from an insane person, who, laboring under the direst affliction of Divine Providence, rendering him incapable of intentional wrong, committed an act for which he is not responsible, criminally. Such decisions must, in some cases, have the effect to strip the unfortunate wife and children of the afflicted maniac of all they possess, and the maniac himself of the means of restoration; in order to pay for what? that which has no calculable value—which cannot be estimated by dollars and cents.

What guidance had the jury to enable them to determine that the damages in this case was \$2,800? Man, in this region, has no marketable value; and as Jeremy Taylor says, "death meets us everywhere, and is procured by every instrument, and in all chances, and enters in at many doors;" how can we calculate in dollars and cents the value of that which is so uncertain as life?

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#### THE INSANE POOR OF IRELAND.


Thirty years since, Mr. Thomas S. Rice, after long exertions induced Parliament to grant power to the Lord Lieutenant of Ireland and his council, to erect District Lunatic Asylums. Ten have been built, and have accommodations as follows:—That at Armagh has 137 beds, Belfast 251, Derry 214, Carlow 193, Maryboro 194, Richmond 289, Ballinasloe 310, Limerick 339, Waterford 127, Tipperary 137.

We learn from the *Medical Times* that there is no medical man at the head of any one of these Asylums, nor any resident medical officer; but a superabundance of "Boards of Governors, Nobility, and Gentry." They are not curative institutions but mere prisons for the insane. The records and reports of these establishments are said to be valueless.

MR. GASKELL, late Superintendent of the Lancaster Lunatic Asylum, England, has been appointed one of the Medical Commissioners of Lunacy,—we suppose, to supply the vacancy occasioned by the death of the eminent Dr. PRICHARD.

DR. THURNAM, of the York Retreat, England, has been appointed Medical Superintendent of the Wiltshire Lunatic Asylum. These are good appointments; both gentlemen have had much experience in the care of the insane, and are distinguished writers on mental diseases.

We have received from DR. KIRKBRIDE, Secretary of the Association of the Medical Superintendents of American Institutions for the Insane, the official account of the proceedings of the Association. We regret it came too late for insertion in this number. We have, however, carefully compared it with the Report which makes the third Article of this number of the *Journal*, which was in type before the official report came, and find that we have embodied all of the latter in our article.

 NOTICE.—This number will be sent to many subscribers who are in arrears as to payment. We most earnestly entreat all such to remit to the Editor of the *Journal of Insanity*, Utica, what is due, and if they do not wish the Journal to be sent to them hereafter to notify us.

COST OF VARIOUS ASYLUMS FOR THE INSANE IN THE UNITED STATES, INCLUDING LANDS, BUILDINGS, AND FURNITURE.

Maine Hospital, Augusta.....	\$125,000
New Hampshire Asylum, Concord.....	35,000
Vermont Asylum Brattleboro'.....	20,000
Massachusetts, McLean Asylum, Somerville,.....	250,000
“ Worcester Hospital.....	155,000
Connecticut Retreat, Hartford.....	70,000
New York Asylum, Bloomingdale.....	220,000
“ State Lunatic Asylum, Utica.....	436,000
New Jersey Asylum, Trenton.....	153,000
Pennsylvania Hospital, Philadelphia.....	325,000
“ Friends Asylum.....	84,000
Virginia Asylum, Staunton.....	106,000
South Carolina Asylum, Columbus.....	100,000
Ohio Asylum, Columbus.....	160,000
Indiana Asylum, Indianapolis,.....	70,000

Several of these Institutions have been much enlarged since the above estimates were obtained. We do not know the amount of expense thus incurred.